

LEVITTOWN PUBLIC SCHOOLS
SUCCESS FOR EVERY STUDENT

CONSULTANT APPROVAL FORM

*Consultant Approval form must be received in Department of Curriculum and Instruction
6 weeks prior to presentation date.*

Name of Consultant: _____

Consultant Signature: _____

Topic Title:
(include brief description of program) _____

Presentation Date(s)
& Location : _____

Fee: _____
(If more than one session, indicate fee per session and total)

Address: _____

Social Security #: _____

Funded by: _____

Code: _____
(If payable through a grant, indicate grant name and federal code #)

Previous Consultant in District: YES NO Social Media/Internet vetted: (check box) YES

Principal/Director *signature* School/Building

Submitted by: _____ Date: _____

For Department of Curriculum and Instruction use only

Assistant Superintendent for Curriculum and Instruction Approval: _____
Dr. Beth Ziogiannis

Date form received: _____

Certificate of Liability Insurance: required ___yes ___no
received ___yes ___no