

**REQUEST FOR APPROVAL OF PROFESSIONAL SERVICES**

1. Professional's name, company and brief description of services to be provided

\_\_\_\_\_

2. Requested by \_\_\_\_\_ School/Department \_\_\_\_\_

3. Target population \_\_\_\_\_

4. Time Dimension: \_\_\_\_\_ Single Year \_\_\_\_\_ Multiple Year

For how long \_\_\_\_\_

5. A. Support of district Strategic Plan (give Strategy letter and Action Plan number)

B. Support of school/division goals and objectives.

6. Review and Evaluation plan

7. Cost for Professional Service \$ \_\_\_\_\_

8. Source of funds (division/school budget, grant) \_\_\_\_\_

9. Date(s) consultant will work for district \_\_\_\_\_

The responsible administrator has verified that his request is in compliance with board policy and guidelines, DJF.AP1

Requesting administrator \_\_\_\_\_ Date \_\_\_\_\_

Approving administrator \_\_\_\_\_ Date \_\_\_\_\_