

**Implementation of the Physical Education/Health Education
Curriculum Potentially Sensitive Outcomes****APPROVAL FORM FOR USE OF OUTSIDE INSTRUCTORS
FOR**

(insert name of program and location)

This form is to be completed and returned to the Administrator of Educational Support Services when requesting permission to utilize the services of outside personnel in the teaching of Potentially Sensitive Outcomes of the Physical Education/Health Education Curriculum.

****ATTACH LESSON PLANS**

Instructor	Occupation Organization	Grade Level	Topic	Section Number	No. Minutes Per Class

School: _____

Date: _____

Principal's Signature: _____