



REQUEST FOR FIELD TRIP

To: _____
(Director of Elementary or Secondary)

Requestor Information

From: _____
Lead Teacher's Full Name School Extension Cell Phone #

School Name Request Date

Trip Information

Departure Date Departure Time Return Date Return Time

Destination Name: _____

Physical Address: _____

Distance one way from site to destination: _____ miles

Method of Transportation: _____
(How are you traveling?) Charter bus must be requested through transportation

Purpose of Trip: (Detail what you are doing on the trip that will help you teach the curriculum standards below)

Curriculum Standard(s) _____

Group or Class Participating (no room numbers): _____

of Students Attending # of Adults Attending Ratio (Adults to Students)

Names of Certificated Staff & Chaperones Attending:

Financial Information

\$ + \$ + \$ = \$
Admission Cost Transport Cost Other Cost Total Cost

PR #: _____ (Attach invoice or quote and send to Purchasing at least 3 weeks prior to trip)

How is the trip funded? (i.e., grant, parent donations, fundraising)

Grant Parent Donations Fundraising Other _____

Account # funds are held in: _____

Accountability

_____ Please check here to indicate you have or will collect Permission Slips and that a copy will be kept in your school office along with your approved/signed Request for Field Trip.

_____ If parents are driving, check here that you have collected chaperone agreements and car insurance.

_____ Please check here to indicate all students interested are allowed to participate; even if they cannot pay.

_____ Please check here to indicate have or will collect Chaperone Agreement forms and that a copy will be kept in your school office along with your approved/signed Request for Field Trip. (All chaperones must be approved by office staff to confirm they are approved volunteers for the district.)

Principal's Approval Date



REQUEST FOR FIELD TRIP

Accessibility Information

Accessibility and insurance issues:

1.If you are traveling by district bus, do you require a wheelchair accessible bus? Yes No
If yes, have you notified transportation and what budget code is the fee coming from.

2.Is the destination accessible? (entrance(s), width of doors for wheelchair access, bathroom facilities) Yes No (If no, explain)

3.If you plan to go on a walk, are there concerns about the condition of the walkway?

Walkways are dirt pavement gravel other and contain steep grades, there are also ramps and/or curb cuts, or other possible mobility complications, such as

4. If toileting support/catheter support is required, is there access to wheelchair ramps and large enough restrooms?

Yes, it's required and available Yes, it's required and NOT available No, it's not required for any student in the group

5.Do same-age, nondisabled peers frequent this destination for this activity? Yes No

6.What are the natural cues? (Environmental or situational signals that instinctively guide behavior or decision-making without the need for verbal instruction.)

Signs/Arrows Maps and Posted Schedules Bells, chimes, or announcements Floor markings Stage lights
Crowd movement (follow group) Staff Directions (pointing, gesturing) Whistles or buzzers Crossing Signals
Other

7.Is there anything unusual about this environment that might cause a learner to display inappropriate behavior (e.g., noise, light, or other factors)?

8.What would have to be taught in preparing for visiting this environment?

Skills (Check all that apply)

9.What gross motor skills would be required in this environment?

Walking on level ground Walking up/down stairs Standing in lines Sitting for extended periods
Running/jogging Balancing Reaching overhead/Bending Carrying personal items
Other

10.What fine motor skills would be required in this environment?

Use writing utensil Handling tickets/money Clothing closures Opening lunch containers/wrappers
Handling small science or art tools Operating buttons/switches/touchscreens Handling sports equipment
Other

11.What communication skills are required in this environment?

Listening to instructions Asking/Answering questions Following directions Reading posted signs/schedules
Using appropriate voice levels Requesting help from adults Conversing politely with peers Explaining/Presenting
Other

12.What social skills are required in this environment?

Taking Turns Sharing materials/equipment Working cooperatively in groups Respecting personal space
Waiting patiently in lines Good sportsmanship Following group rules/routines Manners
Other

13.Are there any other specialized skills needed in this environment?

Safety Gear Lab Safety Sign Language/Communication Devices Managing sensory tools
Self-advocating for medical needs Following a buddy system for safety Interpreting game rules
Other

Health

14.Do any students have medical protocols (feeding, seizures, allergies, nursing, aides) that may need to be addressed during the field trip?

Student ID #	Medical Need	Action Plan (How it's met)	Nurse needed on trip
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

15.If fatigue or health concerns are an issue for a student during this trip, is a plan in place to return the student in a safe manner? Explain plan.

Principal's Approval

Date

Director's Approval

Date

Please return form to:

Board Approved On: