Teacher/staff requesting field trip: ____________________________

Date/time of trip: ____________________________

Grades attending the field trip: ____________________________

Destination: ____________________________

Schedule of events if appropriate: ____________________________

Name of student(s) requiring assistance: ____________________________

Nature of assistance (i.e. completing tasks, behavior, etc. ) ____________________________

PLEASE SUBMIT THIS FORM TO THE SPECIAL EDUCATION TEACHER AT YOUR LEVEL AS EARLY AS POSSIBLE

REVIEWED: 9.18.2023