General Education Field Trip

Request for Special Education Support Form #2

This form ***MUST*** *be submitted to TLEC Office 2 weeks prior to field trip*

SPED Teacher Name: _____ Date of Field Trip: _____

Gen. Ed. Teacher Name: _____

Name(s) of Teacher/Paraeducators attending Trip: _____

_____

Students Attending: (Names of students needing Para support) _____

_____

_____

Educational Goal of Trip: _____

_____

Description of Trip: _____

_____

Will this trip extend beyond the normal school day: __Yes __No

Estimated timeframe of field trip: _____

*****Expenses for the Gen. Ed. Field Trip will be the responsibility of the district. TLEC is responsible for paraeducator hourly rate of pay.*****

LOCAL ADMINISTRATION USE ONLY:

Recommendation by local administration: ____Approved
____Disapproved

Signature of Local Administrator: _____ Date: _____

COOP OFFICE USE ONLY:

Recommendation by TLEC administration:

____Approved
____Disapproved

Signature: _____ Date: _____

*Complete the entire form. If an item does not apply, please indicate N/A.

This section is to be completed and submitted to TLEC office after field trip is taken:

Name(s) of Teacher/Paraeducators attending Field Trip:

Time of Field Trip: (Include departure and return time)

SPED Teacher Signature: