Special Education

Request for Field Trip Form #1

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

SPED Teacher Name: _____ Date of Field Trip: _____

Names of 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: _____

Estimated Cost:

Vehicle: _____
Driver: _____
Meal(s): _____
Fees: _____
Other: _____

*Contact local district superintendent for vehicle and driver cost estimates.

LOCAL ADMINISTRATION USE ONLY:

Recommendation by local administration: ____Approved
____Disapproved

What responsibility is the District accepting for transportation?:

Providing vehicle: __Yes __No Paying for Vehicle: __Yes __No
Providing driver: __Yes __No Paying for Driver: __Yes __No

Signature of Local Administrator: _____

COOP OFFICE USE ONLY:

Total cost to Coop: __ _____
Total cost to local District: _____
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:
Paraeducators attending Field Trip:

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