

FIELD TRIP REQUEST FORM

Licking County Educational Service Center

Multihandicapped (MH) and Emotional Disturbance (ED) Programs

Teacher requesting permission: _____ Date Submitted: _____

Number of students: _____ Transportation required? Yes No

Number of staff: _____
Number of volunteers: _____
If any cost to E.S.C.,
Has P.O. been completed? _____

If transportation is needed,
has a bus request form been
completed? (If yes, copies
must be attached.) Yes No

Date of Trip	Destination	Departure Time	Return Time
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Goals of trip as they apply to MH/ED curriculum areas:

A. What is the intended learning outcome(s)? (Define in terms of how the learning is applied.)

B. How will you prepare the students to benefit from the trip?

C. What evaluation criteria, standard, and method will you use to confirm the extent to which learning outcomes have been achieved?

Cost to E.S.C.	Cost to Students	Cost to Staff	Cost to Volunteers
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Director's Signature of Approval	Superintendent's Signature of Approval
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