INSTRUCTIONS

Prepare and submit via the Principal to the Superintendent for approval at least six (6) weeks prior to the scheduling of an overnight field trip and three (3) weeks prior to the scheduling of a trip during school hours.

IDENTIFICATION

School __________________________ Submitted by __________________________

Destination ____________________________________________

Departure Date __________ Time __________ Location __________

Return Date __________ Time __________ Location __________

Number of participating staff _____ Name(s) __________________________

Is bus transportation needed? _______ Approximate number of miles round trip _______

Are substitutes needed? __________

Will consent forms be secured from all parents/guardians? _______

INSTRUCTION OBJECTIVES (Be specific - include prerequisites, proficiency level desired and measurement.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ACTIVITIES

Preparation (How will the students be prepared for the trip as an instructional activity?)

________________________________________________________________________

________________________________________________________________________

(Continued)
MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd.)

ACTIVITIES (Cont'd.)

On trip (What instructional activities will occur on the trip?)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Follow-up (Upon return, what activities will occur to enrich the experience and to determine if the objectives were achieved?)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CORRELATION (Name the subject matter area(s) to which the experiences of this trip will correlate; explain in what way the trip correlates.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PROVISIONS FOR CONTINUITY OF SCHOOL WORK

What instructional provisions have been made to help participants keep up with other classes that they will miss?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What specific plans have been made for the continued instruction of those students who will not participate in the field trip project?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Continued)
PRINCIPAL’S REMARKS
Approved _________ Not Approved _________

Signature ____________________________________________________________________________
Date _____________________________________________________________________________

Comments: ____________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SUPERINTENDENT’S REMARKS
Approved _________ Not Approved _________

Signature ____________________________________________________________________________
Date _____________________________________________________________________________

Comments: ____________________________________________________________________________
____________________________________________________________________________________