

Community Trip Request Form

Mary M. Furbush, Ed.D.

**Executive Director** 

## Please complete this form and return to the CASE office at least 10 days prior to the trip. Trip Date \_\_\_\_\_\_ School \_\_\_\_\_ Requested by \_\_\_\_\_ Contact number \_\_\_\_ Departure time from school Arrival time back to school \_\_\_\_\_ Number of staff members riding \_\_\_\_\_ Student Name Equipment District Additional Notes

## Lesson Plan form for a K-8 community based instruction must be filled out in its entirety

Destination:	
Teacher:	
Date of Trip:	·
Standards that will be covered: Instruction ☐ Related Services ☐ Community Experience ☐ Development of Employment ☐ Other Post-School Adult Living ☐ Daily Living Skills and Functional Vocational Evaluation ☐ Description:	
What goal do you intend to accomplish during this community outing experience:	
Teacher Signature	Date
Designee Signature	Date