

Department of Special Education Services
 Program Approval Section
 100 North First Street
 Springfield, Illinois 62777

SPECIAL EDUCATION FIELD TRIP APPROVAL APPLICATION

INSTRUCTIONS: Complete application and send request to the State Approved Director of Special Education.

Date of Trip		DESTINATION	
LEAVING (Approximate Time)		RETURNING (Approximate Time)	
TEACHER(S)		CLASS(ES)	
NUMBER OF STUDENTS	NUMBER OF DRIVERS	NUMBER OF AIDES	NUMBER OF VOLUNTEERS
GENERAL DESCRIPTION OF FIELD TRIP ACTIVITIES			

I certify that this field trip is consistent with and necessary for implementing program objectives as specified in the above students Individualized Educational Programs (IEP) and in accord with Article 13.01 of the Rules and Regulations to Govern the Administration and Operation of Special Education.

 School

 Date District Designee

 District

APPROVED _____
 Date

DISAPPROVED _____
 Date

Indicate reason for disapproval on reverse side

 State-approved Director of Special Education

When completed, please return to _____
DO NOT SEND THIS FORM TO THE ILLINOIS STATE BOARD OF EDUCATION. COPIES SHOULD BE KEPT BY STATE APPROVED DIRECTOR OF SPECIAL EDUCATION AND BY THE DISTRICT, WHICH FILES THE CLAIM.