

**BLaST Intermediate Unit #17  
2400 Reach Road  
Williamsport, PA 17701  
Voice: (570) 323-8561  
Fax: (570) 323-1738**

**REQUEST FOR FIELD TRIP/COMMUNITY EXPERIENCE**

Teacher: \_\_\_\_\_ Exceptionality/Level: \_\_\_\_\_

School: \_\_\_\_\_ Number of Students Involved: \_\_\_\_\_

**Is Intermediate Unit Funding needed for this experience?** \_\_\_\_\_

Date of Proposed Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
Month Date Year

If applicable, rain date: \_\_\_\_\_ Return Time: \_\_\_\_\_  
Month Date Year

Place to be Visited: \_\_\_\_\_

Purpose of Trip: Introductory \_\_\_\_\_ Culminating \_\_\_\_\_ Expository \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Vendor: \_\_\_\_\_

Funding of Transportation: \_\_\_\_\_ I.U./Other \_\_\_\_\_ **(If I.U. funding – attach a completed requisition form)**

Other Expense (Specify)	Cost	Funding Source
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Intermediate Unit Expenditures Requested: (Transportation & Other Expenses)** \$ \_\_\_\_\_

Has Parent Notification Been Planned? \_\_\_\_\_ Are Non-Paid Chaperones Being Utilized? \_\_\_\_\_

Ratio of chaperones (including teacher, aide personal care aides) to students? \_\_\_\_\_

List Chaperones and Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED AGENDA:**

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**GOALS/OBJECTIVE S OF THE PROSPED TIRP AND HOW THEY RELATE TO THE STUDENTS I.E.P.**

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**PROCESS FOR EVALUATING THE OBJECTIVES OF THE TRIP:**

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**WRITTEN APPROVAL MUST BE OBTAINED AT LEAST TWO (2) WEEKS BEFORE THE TRIP IS SCHEDULED**

\_\_\_\_\_  
APPROVED      DISAPPROVED      DISTRICT ADMINISTRATOR SIGNATURE      DATE

\_\_\_\_\_  
APPROVED      DISAPPROVED      INTERMEDIATE UNIT SUPERVISOR      DATE

***IF I.U. EXPENDITURES REQUIRED:***

\_\_\_\_\_  
APPROVED      DISAPPROVED      ASSISTANT EXECUTIVE DIRECTOR OF  
STUDENT SERVICES      DATE

REASON(S) FOR DISAPPROVAL: \_\_\_\_\_

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