

GREAT NECK PUBLIC SCHOOLS
TEACHER-IN-CHARGE'S TRIP SUMMARY REPORT

Please take the time to evaluate the field trip that you just completed. Your frank and complete responses will assist the schools in planning future trips. Sign on the back and submit it to the principal.

School _____ Grade(s): _____ No. of Students: ____

Date(s): _____ Destination: _____

Teacher-In-Charge: _____

1. Educational purpose of trip: _____

2. Did the trip meet your expectations? Yes _____ Somewhat _____ No _____

3. If above response is not "Yes," please explain: _____

4. Any problems with transportation? _____

5. Any problems with food or lodgings? _____

(over)

6. Other comments: _____

7. Was there any transportation or other incident affecting the health, safety or morals of students?

Yes _____ No _____

If **Yes**, please complete a ***Trip Incident Report [4531-E4]*** within 24 hours of returning from the trip and submit it to the Principal.

Teacher-In-Charge: _____

Signature: _____ **Date:** _____

I have reviewed this report and will retain it on file in my school for one calendar year.

Principal's Signature: _____ **Date:** _____

Great Neck Public Schools
Adopted: 6/7/04
Amended: 11/19/12