## COMMUNITY BASED INSTRUCTION REQUEST FORM

All requests for community based instruction (field trip) and mobility trips must be submitted to the SEDOL Supervisor/Principal for approval at least ten (10) days prior. IEP goals/benchmarks and Illinois State Standards pertaining to this trip must be attached.

Date of Request:(Request must	be sent to your Sup	ervisor)				
` •	•		lity Trip (Less than	3 Hours)	Other (Explain	n)
Name of Teacher Making A	rrangements:					
School:			hool Phone:		Fax:	
School Address:				Doo	or to Pick-up:	
Name of Destination(s):						
Address:			City:		State:	Zip:
Purpose of trip as related to	the Curriculum	Frameworks:				
Date of Trip:						
Time transportation vehicle	school:	Time of departure from school:				
Time of Return to School:_						
Other Classes/Schools Invo	lved (Teacher N	Name and School	l):			
Mode of Transportation:	Bus (check	one:   District of	r 🗌 SEDOL/Lakeside	e)	Mobility Driver *(EL	S/Laremont only 2.5 hrs.)
	☐ Public Tran	sportation	☐ Walking	☐ Walking ☐ Other		
Drivers must stay with the	trip or provid	e contact infor	mation if the driver	r remains	on the bus.	
Total Number of Students:		Total Number of Adults:				
Special Needs:						
Hook-ups for Safety Vests 1	Needed:	Small	Medium	_Large		
		_Wheel Chairs _	STAR seats	B	BESI Harness	
Emergency Contact Person (On Trip):				_ Cell Ph	one:	
If Applicable: Nurse	name)	Notified on:(date)				
			Date:			
TO BE COMPLETED BY SE						
		With:				
Estimated Cost:		Notifi	ed teacher(s) that all	l arrangem	ents have been made	e:(date)

cc: Accounts Payable
\*Mobility Coach/Laremont
Form #314 (Revised 5/8/14)sm
6:240-E1-SO (SO denotes SEDOL Only exhibit)