

ILLINOIS STATE BOARD OF EDUCATION  
 Department of Specialized Education Services  
 Program Approval Section  
 100 North First Street  
 Springfield, IL 62777

\_\_\_\_\_ Date

**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 Education Programs (IEPs) and in accordance with Article 13.01 of the Rules and Regulations to Govern the Administration and Operation on Special Education.

\_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_ District Designee

\_\_\_\_\_ District

Approved \_\_\_\_\_ Date

Disapproved \_\_\_\_\_ Date

\_\_\_\_\_ State Approved Director of Special Education

Indicate reason for disapproval on reverse side.

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