



# Home Base Field Trip Plan

Home Base Class: \_\_\_\_\_ Date of Socialization: \_\_\_\_\_

Location of Field Trip: \_\_\_\_\_

Number of expected children: \_\_\_\_\_ Number of expected parents/guardians: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

<b><u>Meal Plan:</u></b>  	<b>Approved by:</b> _____  (Signature of Nutrition Department)
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<b><u>Transportation Plan:</u></b>  	<b>Approved by:</b> _____  (Signature of Transportation Department)
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<b><u>Activity Outcome(s) of Field Trip:</u></b>     
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<b><u>Follow-Up Activities for Home:</u></b>     
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<b><u>Individualization:</u></b>     
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**Materials Needed:** [ ] yes [ ] N/A - Purchase Request Attached or Central Store Order Attached

**Equipment Needed:** [ ] yes [ ] N/A – Work Order Attached

**Funds Needed:** [ ] yes [ ] N/A - Purchase Request Attached

\_\_\_\_\_  
Teacher Signature & Date

Approved by: \_\_\_\_\_  
(Education Department)

Date approved on: \_\_\_\_\_