



**SAN JUAN UNIFIED SCHOOL DISTRICT**  
**Special Education**

**COMMUNITY BASED INSTRUCTION REQUEST/NOTIFICATION**

**Trip specific info:(submit to school office)**

**Date of trip:** \_\_\_\_\_ **return time:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

*Make copies of this form and submit trip specific info to school office prior to trip - with participating students circled or highlighted below.\**

Teacher Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_ School: \_\_\_\_\_

Destination: \_\_\_\_\_ (Note:\* a copy of this form with participating student names circled/highlighted will be submitted to the office before each CBI activity.\*)

- Type of Field Trip:  One Time Only     Routine     Large Group     Small Group     Individual  
 With Special Ed     With Regular Ed
- Transportation:  Public     District Bus     Private Car     Walking
- I will be taking:  First Aid Kit     Emergency care information for each student
- Accident Insurance:  District Provided     Parent Provided

How trips relate to students' IEPs and Educational objectives:

How parents informed: annual CBI permission/emergency form & advanced notice from teacher (via class newsletter/calendar, notes, phone calls, email, or workability agreement.)

Names of adults going:

(Chaperones must complete medical information and emergency care form.)

(*Names are circled/highlighted for notification purposes)			(*Names are circled/highlighted for notification purposes)		
Names of Students:	Written Parent Consent Received		Names of Students	Written Parent Consent Received	
1. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Approved by: \_\_\_\_\_  
Site Administrator

Date: \_\_\_\_\_