

**MIDD-WEST SCHOOL DISTRICT**  
**COMMUNITY BASED TRAINING (CBT) REQUEST**

*This form must be completed and submitted to the building principal at least thirty (30) days prior to the CBT trip. Persons submitting this form shall read and follow instructions on other side.*

**SPECIAL EDUCATION PROGRAM**

☐ MES   ☐ WSES   ☐ MWMS   ☐ MWHS   DATE SUBMITTED \_\_\_\_\_

TEACHER(S) \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ TIME \_\_\_\_\_ RETURN DATE \_\_\_\_\_ TIME \_\_\_\_\_

PARTICIPATING CLASS AND GRADE LEVEL(S) \_\_\_\_\_

PLACE(S) TO VISIT \_\_\_\_\_

**GOALS TO BE ACCOMPLISHED**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

NUMBER OF STUDENTS \_\_\_\_\_ NUMBER OF ADULTS \_\_\_\_\_ TRANSPORTED BY: CAR ☐ VAN ☐ BUS ☐ WALK ☐

APPROXIMATE ROUND TRIP MILES (IF USING VEHICLE) \_\_\_\_\_ NUMBER OF VEHICLES REQUIRED \_\_\_\_\_

SCHOOL NURSE HAS BEEN NOTIFIED OF TRIP: YES ☐ NO ☐

**ARE FUNDS BUDGETED?**   YES ☐   NO ☐

**ACCOUNT CODE(S):** \_\_\_\_\_

☐ ***Check is needed and specific instructions are attached for each requested pre-payment.***

**EXPENSE ITEMS**

**ESTIMATED EXPENSES**  
**DISTRICT**

\_\_\_\_\_ Auto Miles x Approved Rate per mile =

School Van (Miles x IRS Approved Rate per mile) =

Bus

Registration Fee(s)

Meals

Other (Explain)

Substitutes Needed \_\_\_\_\_ @ \$168.78x \_\_\_\_\_ Days =

**TOTAL**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ APPROVED: ☐ DENIED: ☐ DATE: \_\_\_\_\_

BUILDING ADMINISTRATOR

\_\_\_\_\_ APPROVED: ☐ DENIED: ☐ DATE: \_\_\_\_\_

SUPERVISOR OF SPECIAL EDUCATION

\_\_\_\_\_ APPROVED: ☐ DENIED: ☐ DATE: \_\_\_\_\_

DIRECTOR OF CURRICULUM AND INSTRUCTION

## **INSTRUCTIONS FOR COMPLETION OF FORM**

This form must be completed and submitted to your building administrator for approval at least thirty (30) days prior to the trip.

### **GENERAL INSTRUCTIONS:**

1. All persons submitting requests for a CBT trip shall notify the building administrator and Special Education Secretary of the trip, purpose, date(s), staff needs, etc.
2. All students, regardless of age, must submit a properly signed parent permission slip to the teacher prior to the trip. Permission slips will be submitted to the Special Ed office prior to the trip.
3. The only students allowed to participate on a CBT trip shall be students of the class/program requesting the trip. No other students shall be permitted to participate.
4. Transportation arrangements shall be the responsibility of the teacher in conjunction with the building administrator or his/her designee.
5. Parents shall be provided with an itinerary for the trip and notified where and when to drop off and/or pick up their children upon departure and return if regular school transportation schedules cannot be met.

### **POST TRIP EVALUATION (DUE ONE WEEK FOLLOWING COMPLETION OF TRIP)**

#### **TEACHER EVALUATION:**

A. DID THE TRIP FULFILL THE OBJECTIVES? YES ☐ NO ☐

B. IS THE TRIP WORTHWHILE REPEATING? YES ☐ NO ☐

C. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TEACHER

\_\_\_\_\_  
DATE

SPECIAL EDUCATION SUPERVISOR'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR OF SPECIAL EDUCATION

\_\_\_\_\_  
DATE