

Field Trip Request Form

Date Submitted: 1/23/14 Approved: _____

Teacher's Name: Dhara Sheth Team: _____
Elizabeth Williams Grade: 7th

Event Name: _____ Trip Date: Feb 7th, 2014

Event Location: Portland State University Departure Time: 10:30 a.m.

Method of Transportation: Walking + Max Return Time: 3:30 pm

Funding Source: School Counselor's Funding # of Students: 8

Number of Adults Going (Required Ratio: 1 Adult per 10 Students) Staff: 2 Parents: 0

Emergency Contact Names and Numbers (Teacher Cell Phones or other Emergency Numbers)

- 1) Elizabeth Williams 2) Dhara Sheth
503 319 4151 503 964 9406

Notes:

Field Trip Procedures

- 1) Complete an "Activity Planning Protocol" form and turn into your administrator. (4 weeks prior)
- 2) Upon approval, complete the "Field Trip Request Form" (this form) and submit to Heidi Poole.
Heidi will
 - 1) Put the field trip on the master calendar (3 weeks prior)
 - 2) Request Transportation
 - 3) Email staff
 - 4) Check volunteers for approval if you would like
- 3) Distribute permission slips to students. Confirm parent volunteers/chaperones. All volunteers/chaperones must have cleared the "Volunteer Confidential Criminal Background Check" (2 weeks prior)
- 4) Complete the Field Trip Medication Request and submit to Leslie Redman. (2 weeks prior)
- 5) Request any sack lunches needed with the cafeteria. (1 week prior)
- 6) Collect permission slips from students and submit a final roster for attendance to Anne Yardley. (2 days prior)
- 7) On the morning of the trip:
 - 1) get any medications from Leslie
 - 2) give any roster changes to Anne, and
 - 3) give permission slip copies to Heidi

FIELD TRIP MEDICATION REQUEST

Cedar Park Middle School

Please give this form to Serena Nelson TWO days prior to the planned trip so any student medication can be prepared for your trip.

Teacher's Name: _____	Team: _____
_____	Grade: _____
_____	Trip Date: _____
Destination: _____	Departure Time: _____
_____	Return Time: _____

Staff trained to administer:		(Office to do)
EpiPen	Glucagon	Student w/needs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

None of the students going have medical needs.
(1)

State law _____ who administers medication to students in school to receive the state approved training. Only those teachers who have received this training will be allowed to: check medication out of the health room for field trips, carry medication, and administer medication.

On the morning of the field trip, the supervising teacher will check out an envelope containing the medication and the corresponding "Administration of Medication" form. Check out will be completed by office staff.

Medication administered during the field trip must be documented on the medication administration form.

The supervising teacher is responsible for returning the medication envelopes to the health room immediately upon return to school.

(Complete directions regarding "Field Trip Medication Procedure" are located in the staff handbook.)

Activity and Field Trip Planning Protocol

Submit this form to the administrative team at least 4 weeks prior to the proposed date of the event. The team will review the calendar and respond within one week of the request.

Proposed Activity: Field trip to Portland State University

Proposed Date of Activity: February 7th, 2014

Responsible Staff Member/Group in Charge: Dhara Sheth, Elizabeth Williams and Andrew Witt

Objective/Purpose of the Event: To provide an opportunity for 7th grade Latina students, who were in group counseling, to visit local university and interact with successful college Latina students. To learn about college opportunities and possibility of seeking a mentor.

What school/learning goals does this event support? (MYP goals, subject area learning targets, assessment, etc.) How does this event support these goals? How will you evaluate its effectiveness?

It supports the school's efforts in working with Hispanic/Latino students by motivating them for future career options. It targets school counseling goals: Develop career awareness and identify career goals. This project will be evaluated using pre- and post-data and this trip will be supplemented by after-school workshops (three) and individual meeting with students.

Brief description of communication plan for staff and students (teacher info sheets, advisory

lessons, posters, , emails, permission forms, etc): Teachers would be emailed a detail schedule of students for that day. Informed consent and permission slips will go to parents (in Spanish) Students will be given assent letter too. Dhara will meet with the students for orientation, prior to the visit.

Brief description of community communication plan: (newsletter, reader board, flyers, tam

emails, web page, etc.): Students are selected based on their participation into the group counseling. They have been informed about this activity being planned.

Plan for securing teacher and parent volunteers (mandatory background check): _____

We have 1 Counselor intern and 1 counselor for eight students. 2:8 is the ratio

Supervision plan (# of adults needed, map of supervision areas, instructions for volunteers, informed of student medical needs, etc.): 2 adults are accompanying students from school. None of the selected students have any medical needs.

If walking is required, can all students participate? Alternative transportation? Yes
all students can participate

Supervision plan for students not attending or needing to return before activity/trip is completed:
One of the adult will come back with student, if any such need arises

What are the costs involved? (Cost per student, lunch, busing, entrance fee, volunteers, scholarships etc.) Be specific: One full day trimet pass (\$5) and lunch per student.

Students on free/reduced lunch provided for? _____ 1

Timeline for planning and implementation, beginning to end: _____
Field trip approval, sending informed consent and permission slip, orientation, visit, 3 workshops after school post visit and individual meetings with students.

Other resources needed? "Place" for after-school workshop for 3 consecutive Thursdays.



Form H
HEALTH ASSESSMENT
for all Field Trips
 (must be submitted to nurse 30 days prior to departure)

Date Form Completed: 1/23/14

School: Cedar Park Middle School

Grade: 7

Person in Charge: Dhara Sheth

Phone #: 503 964 9406

Trip Destination: Portland State University

Trip Date(s): Feb. 7th, 2014

*Attach a list of ALL students attending trip.

List below, all staff attending the field trip and their current medical training:

Staff Name	First Aid/CPR	Bloodborne Pathogen	Medication (completed yearly)	Epi-Pen (within last 3 years)	Glucagon (within last 3 years)
Elizabeth Williams					
Dhara Sheth					
Andrew Worth			Monday 1/27		

School must budget for a nurse to attend the field trip if the care and safety of students require such, and a nurse is not provided at the site.

Date received by District nurse: 1-24-14

Nurse's comments: Medical Needs

Appropriate training has occurred: yes no

Required training not completed: trip cancellation recommended yes no

Reviewed by District Nurse: Julie King

Date: 1-24-14