1. Name of Person Completing this request: Click here to enter text.
2. Activity: Click here to enter text.
3. List Student name and IEP Goal/Objective of this activity:

|  |  |
| --- | --- |
| **Student’s Name** | **IEP Goal/Objective** |
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1. What Prior instruction has been provided in the classroom: Click here to enter text
2. How will you:
3. Collect baseline data? Click here to enter text
4. Teach the skill in the community? Click here to enter text
5. Assess student progress? Click here to enter text
6. In what environment will the skill be taught? Click here to enter text
7. What will be the frequency and duration of the instruction? Click here to enter text
8. What additional resources will be needed? (i.e. transportation, fees, additional staff, etc.)

Click here to enter text

1. How will progress be monitored and reported?Click here to enter text.
2. How will the skill be maintained? Click here to enter text
3. Trip ID #? (i.e. from Versatran) Click here to enter text

|  |  |
| --- | --- |
| **Director of Student Support Services** | **Date:** |
| **Assistant Director of Student Support Services** | **Date:** |