Region-County-District Code

ILLINOIS STATE BOARD OF EDUCATION
Department of Specialized Educational Services
Program Approval Section
100 North First Street
Springfield, Illinois 62777

School Year

☐ Regular Term

☐ Summer Term

APPROVAL APPLICATION FOR SPECIAL EDUCATION TRANSPORTATION FOR COMMUNITY BASED INSTRUCTION

INSTRUCTIONS: Complete application and send request to the state-approved Director of Special Education.

DATE OF TRIP	DESTINATION		
APPROXIMATE TIME OF DEPARTURE		APPROXIMATE TIME OF RETURN	
NAME(S) OF PARTICIPATING TEACHER(S)		CLASS(ES) (Grade Level and Handicaps Served)	
NUMBER OF STUDENTS	NUMBER OF DRIVERS	NUMBER OF AIDES	NUMBER OF VOLUNTEERS

GENERAL DESCRIPTION OF COMMUNITY BASED INSTRUCTIONAL ACTIVITIES

This Field Trip is supportive of the IEP goals and objectives for the students enrolled in the program.

VEHICLE REQUIREMENTS AND SPECIAL ARRANGEMENTS:

_REGULAR BUS (50 PASSENGERS) _MINI BUS (20 PASSENGERS)

_VAN (8-16 PASSENGERS) _LIFT BUS (20 PASSENGERS)

STUDENTS IN WHEELCHAIRS

SPECIAL ARRANGEMENTS: _____

_____

I certify that this travel is consistent with and necessary for implementing program objectives as specified in the above students' Individualized Education Programs (IEPs) and in accord with 23 Ill. Adm. Code 226.910.

_____ School

_____ Date

_____ District Designee

_____ District

☐ APPROVED

_____ Date

☐ DISAPPROVED

_____ Date

Indicate reason for disapproval on reverse side.

_____ Name of Special Education District/Joint Agreement

_____ State-approved Director of Special Education

When completed, please return to _____

DO NOT SEND THIS FORM TO THE ILLINOIS STATE BOARD OF EDUCATION. A COPY SHOULD BE KEPT BY THE STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION OR BY THE DISTRICT WHICH FILES THE CLAIM FOR TRANSPORTATION REIMBURSEMENT.

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