

**AUGLAIZE COUNTY EDUCATIONAL SERVICE CENTER
IEP DIRECTED TRIP REQUEST FORM**

Directions: Please complete this form at least **four (4) weeks prior** to the trip for each bus needed.

DAY and DATE of TRIP: _____

DESTINATION (name and exact address): _____

Bus/Van BOARDING TIME: _____

LUNCH/stop LOCATION: (if none, leave blank) _____

EXPECTED TIME OF RETURN TO SCHOOL: _____

TOTAL NUMBER of STUDENTS on Trip: _____

Number of wheelchair tie-downs needed in vehicle: _____

TOTAL NUMBER of ADULTS on Trip: _____

ESC VEHICLE REQUESTED: BUS # 1 _____ (3 wheelchairs + 48 passengers max. - 3 per seat)
Bus # 3 _____ (1 wheelchair + 54 passengers max. - 3 per seat)
ESC VAN _____ (7 passengers max. + driver)

OR Use Vehicle From What District: WAPAK _____ St. MARYS _____ BUS or VAN _____

(Note: Secretary will complete necessary forms for these districts. If have special bus request, please inform.)

GOALS and OBJECTIVES: _____

PROJECTED EXPENSE FOR: STUDENT _____ AUGLAIZE CO. ESC _____

List NAMES OF ALL ADULTS ON TRIP: _____

TEACHER's SIGNATURE: _____ Date: _____

*****ALL TRIPS MUST BE APPROVED BY BOTH SPECIAL ED. DIRECTOR AND SUPERINTENDENT*****

Supervisor: _____ Date: _____

Superintendent _____ Date: _____

DRIVER ASSIGNED: _____

If using vehicle from another district, secretary needs to list date she sent proper form to district: _____