

REQUEST FOR FIELD TRIP

Date _____

1. Teacher and/or class requesting field trip _____

2. Date of proposed trip _____

3. Destination _____

Departure Time _____ Return Time _____

4. Activities to be observed/planned _____

5. In your words relate this field trip to a unit of study pertinent to your grade/course.

Performance Standard _____

Knowledge Standards _____

CSIP Relationship _____

6. Number of supervisors (teacher responsible for engaging satisfactory supervisors)

Grade Level

K - 3

4 - 6

7-12

Supervisor Ratio

5 - 1

6 - 1

8 - 1

Approved _____ Disapproved _____ Principal _____

Approved _____ Disapproved _____ Superintendent _____

ACCIDENT REPORT

Name _____ Age _____ Sex _____

Address _____ Grade _____

—

Date and Time of Accident _____

Nature of Injury and First Aid _____

Description of the Accident _____

Supervisor Present _____

School Insurance Yes _____ No _____

Date of Report _____

Report Prepared By _____

Signature and Title

Principal

INCIDENT REPORT

Student _____ Date _____

Description of incident, behavior noticed, people involved, reoccurrence, time and dates.

Referral to Principal _____ Superintendent _____ Counselor _____

Parent contacted Yes _____ No _____ Teacher _____

Comments/Actions by person receiving this referral

Signature

ADAIR COUNTY R-II SCHOOL PROFESSIONAL DEVELOPMENT

Date Request is submitted _____

Name of person requesting funding _____

Title of conference to be attended _____

Date of conference _____

Location of conference _____

Registration fee _____ Registration deadline _____

In your words relate this professional development opportunity to instruction pertinent to your grade/course.

Performance Standard _____

Knowledge Standards _____

CSIP Relationship _____

Other expenses (meals, lodging, mileage, etc.) _____

What target goal does this conference pertain to? _____

How do you plan to share learned information with staff members? _____

Time off approved and signed by 2 administrators

Substitute Form

Please fill out form for all classes. Include what the students did for the day as well as any discipline problems. Please turn in to the principal or secretary at the end of the day.

1st Hour:

2nd Hour:

3rd Hour:

4th Hour:

5th Hour:

6th Hour:

7th Hour:

Date _____ Signature _____ Substituted For _____

DISCIPLINE REFERRAL SHEET

Student _____ Date _____ Time _____

Location _____ Teacher _____

Incident:

Disciplinary Action Taken:

Student Signature _____ Date _____

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

SUBSTITUE TEACHER REQUEST FORM

TEACHER NAME: _____

TODAY'S DATE: _____

DATE(S) REQUESTED: _____

REASON: SICK PERSONAL BEREAVEMENT PROFESSIONAL

APPROVED BY: _____

FOR OFFICE USE

SUBSTITUE: _____

DATE: _____