

#15

**PITTSFIELD ELEMENTARY SCHOOL
FIELD TRIP ACCOMMODATION PLAN**

Name: _____ Date: _____

Grade: _____ Teacher: _____

- ☐ No accomodations needed at this time
- ☐ Accomodations needed (If yes, complete form.)

Brief summary of concern: _____

needs:	accommodations:
_____	_____
_____	_____
_____	_____
_____	_____

_____ Signature of Parent	_____ Date
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_____ Signature of Teacher	_____ Date
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_____ Plan Accepted _____ Plan Rejected

_____ Plan accepted with the following modifications:

_____ Signature of Principal/Director of Student Services	_____ Date
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