

East Missouri Action Agency, Inc.  
**HEAD START WALKING FIELD TRIP REQUEST / PLAN**

**Notes**

- 1) Field trips using Head Start dollars will take place early in the study of a topic.
- 2) End-of-the-year field trip cannot use Head Start funds. Parents can transport or donated money may be used to if a class wants to go some place.

**Center** \_\_\_\_\_ **Date of trip** \_\_\_\_\_

**Destination** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Cost to Head Start \$** \_\_\_\_\_

**Study Topic** \_\_\_\_\_

**What objects/concepts will be introduced to children?** \_\_\_\_\_

- \_\_\_\_ Children have an interest in this topic  
\_\_\_\_ Books will be read to children before the field trip about this topic

**Day before field trip:**

- \_\_\_\_ I will discuss with children what they think they will see.  
\_\_\_\_ I will write down questions children have about the topic.

**During field trip:**

- \_\_\_\_ I will see that children's questions are answered.  
\_\_\_\_ The event will be recorded with photographs.  
\_\_\_\_ If possible, props will be obtained for a Dramatic Play Kit or Science Kit.

**After field trip:**

- \_\_\_\_ Class will write a thank you letter, if appropriate.  
\_\_\_\_ Classroom enhancement (check one):  
    \_\_\_\_ Dramatic Play area will be set up with this topic  
    OR  
    \_\_\_\_ Science materials added to the Discovery Area.  
\_\_\_\_ The class will use the photographs to make a book, or in some other way, to document their experience.

**Additionally:**

- \_\_\_\_ All children will have field trip permission slip signed before we leave.  
\_\_\_\_ The field trip will include meal/snack(s): (circle which one(s) breakfast lunch snack  
Food served will be: \_\_\_\_\_

*I have checked those items that I plan to do in relationship to this field trip and agree to complete these activities.*

\_\_\_\_\_  
Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Head Start director approved this field trip. Area Coordinator will follow-up to observe all that the children have learned.**

\_\_\_\_\_  
Head Start Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Area Coordinator \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ **Area Coordinator gives copy to Education Specialist.**

	<b>Child's Name</b>	<b>Parent/Guardian Signature</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		