

**BALTIMORE COUNTY PUBLIC SCHOOLS  
FINAL REPORT – DAY/EXTENDED-DAY FIELD TRIP**

**THIS REPORT SHOULD BE COMPLETED BY THE SPONSORING TEACHER AFTER THE CONCLUSION OF THE FIELD TRIP AND SUBMITTED TO THE PRINCIPAL.**

School Name: \_\_\_\_\_

Sponsoring Teacher (s): \_\_\_\_\_

Section or Grade/Student Group: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Dates of Trip: Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Transportation Provided by: \_\_\_\_\_

1. Any accidents or unusual incidents? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Student injury or illness? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, complete *Student Accident Report Form* and return to school principal.

3. Any unacceptable or disruptive behavior which misrepresents the standards of the schools?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

4. Student medication(s)/treatment(s) - submit a report to the school nurse, returning the first aid kit and any other medical equipment, and to verify medications or treatment administered.  
Date report/medical equipment provided to school nurse: \_\_\_\_\_ (date)

**SUMMARY:**

5. Did all aspects of the trip meet your expectations? Did you receive all services promised in the itinerary/contract(s) signed?

\_\_\_\_\_  
\_\_\_\_\_

6. How would you rate?

	Low	Average	Excellent
Bus/Transportation			
Student Interest			
Cost			
Trip Expectations			
Educational Value			

7. Were there any problems encountered? Explain

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8. To what extent was the field trip a learning process which effectively extends student understanding of concepts and grade level/course curriculum presented in the classroom?

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9. How was the field trip setting safe and conducive to learning?

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10. How was information presented to students appropriate to their interests and learning needs? Explain.

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11. Would this field trip be of value to other groups of students? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Which class/group? \_\_\_\_\_

\_\_\_\_\_  
 Sponsoring Teacher Signature

\_\_\_\_\_  
 Date