

# FIELD LESSONS

## PNP School Request for Approval of Field Lesson

**Name of School** \_\_\_\_\_

**Group or Class\*** \_\_\_\_\_

**Teacher(s)** \_\_\_\_\_

**Place to be Visited**  
(Give physical address) \_\_\_\_\_

**Purpose of Visit/Specific Learning Activities**  
(Attach Field Lesson Implementation Plan) \_\_\_\_\_

**Day(s) of Visit** \_\_\_\_\_ **Date(s) of Visit** \_\_\_\_\_

**Departure Time** \_\_\_\_\_ **Return Time** \_\_\_\_\_ **School Time Required** \_\_\_\_\_

**Number of Students\*** \_\_\_\_\_ **Minimum Number of Chaperones Required** \_\_\_\_\_  
*Student-to-Chaperone Ratio: 10 to 1*

**Chaperones**  
(First and Last Names)

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**Registration/Admission Cost (per Person)** \_\_\_\_\_

**Registration/Admission Cost (Total Group)** \_\_\_\_\_

**Type of Transportation**     School Bus/Van     Rental Vehicle (12-passenger van only)

**Cost of Transportation** \_\_\_\_\_

**To Be Submitted *Immediately* with the completed Field Lesson Request:**

- Itinerary Details
- Transportation Proof of Liability

**To Be Verified No Later Than *3 Business Days Prior* to Actual Date of the Field Lesson Experience:**

- The PNP School agrees to collect and retain at the school:  
Parent Approval Forms /Medical Release Forms - with signatures  
(Mark the box to indicate the PNP School's assurance of the above directive.)

During the field lesson, students and adults are expected to follow established protocols for safety and responsible behavior that comply with acceptable practices of HISD and the PNP School.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal's Signature

Signed: \_\_\_\_\_  
Principal's Printed Name

### APPROVAL:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Catapult Learning Representative's Signature

# Field Lesson Implementation Plan for PNP Schools

Name of School \_\_\_\_\_ Date \_\_\_\_\_

Title of Field Lesson \_\_\_\_\_

Grade Levels \_\_\_\_\_ Date of Field Lesson \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Teachers \_\_\_\_\_ Number of Chaperones \_\_\_\_\_

## INSTRUCTIONAL OBJECTIVES:

## ACTIVITIES:

### Prior to the Field Lesson

### During the Field Lesson

### Following the Field Lesson

## EVALUATION OF LEARNING:

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

\_\_\_\_\_  
Signature of Principal