



Vancouver Island West School District 84
Off-Site Experience Proposal Form A

(Local, Low-Risk Day Trip Proposal)

School Name: _____

DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
LEAD TEACHER:			
PHONE:	FAX:	EMAIL:	
AREA OF STUDY:	PURPOSE OF TRIP:		
GRADE/HOME ROOM:	# OF STUDENTS:	# of MALE:	# of FEMALE:

NAMES OF SUPERVISORS: (Please print; add rows if needed):	Staff (S) / Volunteer (V) / Other (O)	GENDER: M / F
Lead Teacher:		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (if applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION: (Check all that apply):		ESTIMATED COST OF TRIP:
METHOD: <input type="checkbox"/> Walking <input type="checkbox"/> School-owned Bus/Van <input type="checkbox"/> Public Transport <input type="checkbox"/> Charter Bus <input type="checkbox"/> 15 Passenger Van <input type="checkbox"/> Rental Van <input type="checkbox"/> By Service Provider <input type="checkbox"/> Transport not provided; participants responsible for own <input type="checkbox"/> Other (specify):	DRIVER: <input type="checkbox"/> Professional Driver <input type="checkbox"/> Volunteer Driver (staff/other supervisor) <input type="checkbox"/> Volunteer Driver (student) <input type="checkbox"/> Other (specify): NOTE: Driver Abstract Required	SOURCES OF FUNDING: (i.e., cost/student, other sources) If so accommodated.
		EQUAL ACCESS FOR ALL STUDENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Attached
		SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See Attached
		ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No
		CONTINGENCY PLAN:

EDUCATIONAL VALUE: Goals and/or Student Learning Outcomes:
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SAFETY GUIDELINES: I am familiar with relevant Board policies, District procedures and the <i>YouthSafe Outdoors: Safety First! Guidelines for BC School Off-Site Experiences (2005)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No

SAFETY PLAN: Briefly describe (or attach in Trip Plan) the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity and/or group:



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SUPERVISION PLAN:

Briefly describe the supervision processes to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system; level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant.

VOLUNTEER PLAN:

Process to identify, screen if/as appropriate, and brief re: roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

EMERGENCY PLAN:

First Aid Kit(s) (stocked and carried/accessible):

Yes No

Emergency communications equipment carried and/or accessible (check any and all that apply):

Telephone Cell Phone Service Provider Responsibility None Other (Specify): _____

Contacts and Number, if relevant: _____

Name of Primary First Aider, if relevant: _____ Certification Held: _____

ATTACHMENTS CHECKLIST: (Check all that apply and attach to this form.)

- | | |
|--|---|
| <input type="checkbox"/> Program/Activity/Trip Plan | <input type="checkbox"/> Volunteer Driver Authorization Application Form |
| <input type="checkbox"/> Parent/Guardian Correspondence | <input type="checkbox"/> Service Provider Proposal, Agreement and/or Contract |
| <input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form | <input type="checkbox"/> Passenger List Form |
| <input type="checkbox"/> Volunteer Screening Form | |
| <input type="checkbox"/> Other (Specify): | |

Completed Off-Site Experience Checklist attached.

EVALUATION:

Criteria for success of off-site experience:

Process to determine success:

Completed Off-Site Experience Checklist Attached: Yes No

Name of Lead Teacher: (Please Print)

Date: (Year/Month/Day)

Signature:

/ /

Name of Administrator: (Please Print)

Date: (Year/Month/Day)

Signature:

/ /