

# REQUEST FOR TEACHER ASSISTANT

## After School Activity / Field Trip

ACTIVITY: \_\_\_\_\_

ADVISOR/CLASSROOM TEACHER: \_\_\_\_\_

ACTIVITY LOCATION: \_\_\_\_\_

DATE(S) \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

\*\*For Field Trips only: TA Name and additional time required beyond the regular shift for the trip (example 12:00-1:30 or 10:00-12:00).

TA NAME: \_\_\_\_\_ Extra time frame required: \_\_\_\_\_

DESCRIPTION OF ACTIVITY:

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

WHY DO YOU FEEL THE STUDENT REQUIRES A TEACHER ASSISTANT TO PARTICIPATE?

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

HOW WILL THE TEACHER ASSISTANT BE ASSISTING THE STUDENT IN THIS ACTIVITY:

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

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### DEPARTMENT OF SPECIAL SERVICES USE

Date Rcvd: \_\_\_\_\_ Date of Posting: \_\_\_\_\_ Date of BOE Approval: \_\_\_\_\_

IEP Modification:

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

CST CM: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_