

# Field Trip Implementation Plan for PNP Schools 2024 - 2025

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

**Title of Field Trip** \_\_\_\_\_

**Grade Levels** \_\_\_\_\_ **Date of Field Trip** \_\_\_\_\_

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

## INSTRUCTIONAL OBJECTIVES

## ACTIVITIES

**Prior to the Field Trip:**

**During the Field Trip:**

**Following the Field Trip:**

## EVALUATION OF LEARNING

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

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

*Submit this completed form together with the **Request for Approval of Field Trip**.*