



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

APPROVAL APPLICATION FOR SPECIAL EDUCATION TRANSPORTATION FOR COMMUNITY BASED INSTRUCTION

DIVISION OF FUNDING AND DISBURSEMENTS

RCDT	SCHOOL YEAR	<input type="checkbox"/> Regular Term <input type="checkbox"/> Summer Term
------	-------------	---

INSTRUCTIONS: Complete application and send request to the state-approved Director of Special Education.

DATE OF TRIP	DESTINATION
APPROXIMATE TIME OF DEPARTURE	APPROXIMATE TIME OF RETURN
NAME(S) OF PARTICIPATING TEACHER(S)	CLASS(ES) (Grade Level and Special Needs served)
NUMBER OF STUDENTS	NUMBER OF DRIVERS
NUMBER OF AIDES	NUMBER OF VOLUNTEERS

GENERAL DESCRIPTION OF COMMUNITY-BASED INSTRUCTIONAL ACTIVITIES

I certify that this travel is consistent with and necessary for implementing program objectives as specified in the above students Individualized Education Programs (IEPs) and in accord with [23 Ill. Adm. Code 226.910](#)

SCHOOL	DATE
DISTRICT	DISTRICT DESIGNEE

APPROVED _____
Date

NAME OF SPECIAL EDUCATION DISTRICT/JOINT AGREEMENT _____

DISAPPROVED _____
Date

STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION _____

When completed, please send to: _____

DO NOT SEND THIS FORM TO THE ILLINOIS STATE BOARD OF EDUCATION. A COPY SHOULD BE KEPT BY THE STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION OR BY THE DISTRICT WHICH FILES THE CLAIM FOR TRANSPORTATION REIMBURSEMENT.