

**Chester County Intermediate Unit**  
Student Services Division – Assessment & Clinical Services  
Home and Community Services

**PRE-APPROVAL FOR FIELD TRIPS**

All field trips must be pre-approved by your Case Manager and CCRES to guarantee reimbursement of any fees associated with the field trip. Complete and submit the form to the Case Manager at least two weeks prior to the date of departure. Receipts should be submitted to CCRES.

**Name of TSS:** \_\_\_\_\_

**Name of Client:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_  
**(tx plan goal**  
**that will be**  
**addressed)** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Mode of Transportation:** \_\_\_\_\_

**Provided by:** \_\_\_\_\_

**Cost:** \_\_\_\_\_

**Cost funded by:** \_\_\_\_\_

\_\_\_\_\_

**Case Manager, Home and Community Services**

For Office Use Only: Submitted to CCRES: _____ Approved by CM: _____	Reimbursement approved: _____
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