

# **COMMUNITY BASED INSTRUCTION GUIDELINES**

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# **Guidelines And Procedures For Implementing Community/ Vocational Based Instruction For Students With Severe Impairments**

## **What Is Community-Based Instructions and Vocational Training? (CBIVT)**

CBIVT occurs routinely, on a regularly scheduled basis (i.e., weekly, twice weekly, daily, etc.) and must be specifically related to and reflected in IEP/ ITP objectives. The basic guidelines for determining which of a student's educational goals are to be implemented in the community-based context are: a) an interview with the student's parent/guardian to determine the individualized critical/functional skills; b) the chronologically age-appropriateness of the tasks and of the environments; and c) an emphasis in allowing greater participation and independence in the most natural environments. These guidelines and procedures are to be followed by the comprehensive high schools. The AV Fast Track Program is covered under their own policies and procedures.

All students who receive CBIVT must have goals and objectives in their most recent IEP that are specifically related to the community instruction they are receiving. Students need specific consumer (restaurant, shopping), recreational, social/emotional, and vocational objectives in their IEPs in order to receive CBIVT. The following is a delineation of requirements as to IEP related CBIVT.

### **IEP Related**

- Each student needs an IEP/ ITP goal(s) that indicates the specific objective(s) to be carried out in community environments; specific IEP/ ITP objectives should relate to community activities.
- In addition to a signed IEP/ ITP, each student needs a signed "Permission for CBIVT" form that indicates the site(s)/location(s) of the CBIVT and mode of transportation. (See Appendix 6)
- CBIVT occurs routinely, on a regularly scheduled basis (i.e., daily, weekly, twice weekly, etc.) and must be specifically related to and reflected in IEP/ ITP objectives. See Field Trips below.
- Written documentation (anecdotal and/or data sheets) must be recorded regularly (i.e., at least once a week - on each community objective for every student receiving Community Based Instruction and Vocational Training. (See Appendixes 9 & 10)

### **Teacher Preparation**

Review emergency procedures with staff who will be providing CBIVT prior to implementation of such. Have staff sign-off that they have read and understand the procedures for implementing CBIVT. (See Appendix 3)

A daily sign-out log and/or classroom schedule, which identifies the location of each student in the community and on campus, must be posted in an accessible and visible

place in the classroom. A copy should be given to the school site office and the assigned administrator. (See Appendix 4)

A monthly calendar for CBIVT trips and off-campus activities that include addresses and phone numbers of training locations, and notification of CBIVT and field trips must be prepared and submitted to the assigned administrator on the 15<sup>th</sup> of the preceding month in which CBIVT is to occur. The calendar to be sent to the parent should include specific trips, times, and transportation but not individual student names. A second calendar containing student first and last names and staff names should be prepared for school use. The notification should denote those trips/job sites, which are specific to the student. (See Appendix 5)

Transportation routes to and from community sites should be also posted with the schedule along with addresses and phone numbers of regularly used training sites.

Each campus should have a file containing each student's ID or other picture and emergency information. This file should be kept with the Special Education Secretary. Read, sign, and adhere to these "Guidelines and Procedures for Implementing CBIVT for students with severe impairments."

**Each Supervising Staff Should Carry A Binder or Folder Containing The Following:**

- Identification and emergency information on each student who is receiving off campus instruction. Information should include:
  1. The student's name addresses and phone number
  2. The parent's name and phone number
  3. The name of the school and the phone number.
  4. The name of the site administrator, teacher and case carrier.
  5. Medical information.
  6. A picture of the student, if one is available.
- First-aid supplies, at minimum should include rubber gloves, compresses (or sanitary napkins), Band-Aids, and at least \$.50 for emergency calls. (As filled by district nurse)
- "Guidelines for Emergency Situations" will include school site phone numbers and names of relevant site personnel and any medical concerns.
- On-going written records (anecdotal and/or data sheet) related to the implementation of community IEP/ ITP objectives. Student progress must be recorded regularly on each student. (See Appendixes 9 & 10)
- Recommended staff-student ratio (2/3 students)

- Predetermined plan for communication between certified and classified staff. Plan is submitted to assigned administrator.

### **Each Student Should Carry The Following**

- Personal or workability identification, any necessary emergency information (i.e., medical considerations) and relevant phone numbers. Students unable to independently carry identification and emergency information should have an ID tag attached to them. This requirement may be met by the student carrying the form exhibited in Appendix 11 or when necessary staff may carry the student's emergency card information.
- Each student should carry at least \$.50 for an emergency phone call.

### **Paraprofessionals (Education Code Section 45344(a))**

- Paraprofessionals can supervise and instruct a group of students going to and from or at a community training site while the teacher remains at the school or training site with another group of students. However, the teacher is ultimately responsible for the supervision and instruction of all of the students in his/her class.
- Paraprofessionals can remain at the school with a group of students with disabilities and provide supervision and instruction without being in close proximity to the classroom teacher.
- Read, sign, and adhere to these "Guidelines and Procedures for Implementing CBIVT for Students with Severe Impairments".

### **Substitutes, Student Teachers and Volunteers**

- Substitute teachers and substitute paraprofessionals **may not** go off campus without a regular classroom staff person who is familiar with each student's instructional program and behavioral issues.
- Student teachers and volunteers can supervise or provide instruction to students with disabilities while in close proximity to or in the presence of the teacher.

### **Administration**

- Keep a copy of these "Guidelines and Procedures for Implementing CBIVT for Students with Severe Impairments" and additionally paid and not paid work guidelines.

- Have access to daily sign-out log and/or daily classroom schedule. (See Appendix 4)
- Have access and/or maintain file containing student's pictures and emergency information.

### **Transportation Related**

- Staff have a variety of transportation options available to them. Staff should adhere to site, district or **board policy** when acquiring or using these modes of transportation.
- Staff should not transport students in personal cars. Rather, travel instruction including using public transportation, should be provided for students to learn how to get to locations they utilize during CBIVT, and to get to and from home.
- Travel instruction needs to be indicated in the student's IEP when appropriate for the student and specified on the "Permission for CBIVT" form.
- Students in Special Day Classes who travel independently need this indicated in their IEP, and should have a signed "Parent/Guardian Authorization for Independent Travel."  
(Appendix 8)

### **Vocational Education and Domestic Sites**

- Guidelines for utilizing non-paid and paid vocational sites as delineated in the appendix. The Fair Labor Standards Act is located in the We Care Office at each site. Please consult Transition Specialist for assistance. (See Appendix 1)
- Staff that have students in the We Care and Transition Program shall follow both We Care and CBIVT Guidelines.
- Domestic skills instruction should occur on the school campus or in a public place, (i.e., at a boys & girls club). Instruction should never occur in personal/staff member's homes; the District does not permit this.

### **Field Trips**

- When students participate in community outings that do not occur on a regular and planned basis, they are considered to be on a field trip. Separate permission forms (obtained from school site secretary) are needed for each field trip, since these outings are not covered with the community-based permission form.

### **Parent/Guardian Monetary/Contribution**

- When notifying parents of upcoming CBIVT activities, parent may provide voluntary spending money, not to exceed \$10 for each activity to cover lunch expenses and other individual expenses of their student. The teacher/aide will not be the custodian of the student's money. Employees will only attempt to observe that an appropriate transaction is made. (See Appendix 5)

## **Budget**

- CBIVT expenses will be covered by district and site funds, and fundraising.  
**Final budget to be approved at a later date. (See Appendix 2)**

## **Guidelines for Emergency Situations**

When an emergency of any type occurs, the major concerns are to provide for the supervision and safety of the students and to notify the proper authorities.

All staff members should carry at least \$.50 for emergency phone calls, a copy of each student's emergency information and first-aid supplies.

## **Emergencies Other Than Medical**

### **Lost Student**

1. The supervising adult, or a responsible adult, who is available at the scene, should contact any available site administrator and give the location and pertinent details of the situation.
2. If two District staff are present, one should search for the lost student and one should remain with the other students.
3. If one District adult is present, he/she should search the premises with the entire group of students, if possible. In addition, they should request assistance from an available security system.
4. If the student is not found within 10 minutes, the available administrator is to be contacted for additional instructions. The administrator will make further contact as necessary to the parent and to law enforcement agencies.
5. If lost on public transportation, give full information to the transit system, including student information, what route the student was last on, and the destination of the trip.
6. Notify all appropriate persons when the student is located.
7. Write a summary of the incident and give a copy to the Assigned Administrator.

## **Medical Emergencies**

### **Minor Emergencies**

1. Assess the medical situation/emergency
2. Use the first-aid supplies
3. Call school site, if necessary
4. Complete accident/incident report upon returning to school

**Major Emergencies** (i.e., victim is not breathing, massive bleeding, unconscious from head injury, rapid succession of seizure activity or prolonged duration, heart attack, etc.)

- A. First Step
  - 1. Assess the situation to determine if it is life threatening.
  - 2. If it is a life threatening situation:
    - a. Request a responsible person to call 911.
    - b. Notify the site administration as soon as possible.
    - c. Remain with the victim to administer first aid or CPR, if trained.
  
- B. Contact Assigned/Available Administrator
  - 1. Provide necessary student information.
  - 2. Assigned/Available Administrator will contact the parent and appropriate central office personnel as to the nature of the emergency and the action that was taken.
  
- C. If two adults are present, one is to go in the ambulance with the student.
- D. If one adult is present, he/she should provide student information to the paramedics and remain with the group.
  
- E. Complete necessary emergency or accident reports at the school site according to school system procedures.

### **Procedures for Discipline Emergencies**

If a student has a positive behavior support plan it is to be taken with the student in the community at all times. All personnel working with the targeted student should be trained to implement the support plan.

- 1. Those students whom the teacher suspects have the potential of creating a discipline emergency (student with chronic challenging behavior(s) should have a comprehensive support plan in place and known by all who will support him/her in the community.
- 2. If inappropriate behavior in the community requires removal of the student, the supervising adult should return to school with all the students.
- 3. If the student refuses to return to school, phone available administrator and request assistance at the site. The available administrator may then contact the appropriate person for assistance. If it is not possible to phone, ask an adult at the site to phone the school for you.
- 4. If the student leaves the site, follow procedures for lost students.
- 5. Fill out an Incident Reporting Form when you return to the school site and give it to the appropriate administrators at the school.

## Guidelines for Vocational Education Placement

The following guidelines are to provide guidance for special education staff in the area of State and Federal wages and hour matter for special education students involved in paid and non-paid vocational experiences.

For specific labor law questions, District program policy or other vocational education questions, contact your site work experience coordinator or transition specialist.

### *Paid Vocational Placement*

The Fair Labor Standards Act (FLSA), administered by the U.S. Department of Labor significantly impacts students who wish to experience vocational opportunities. The FLSA is a law that, among other things, defines the conditions under which students under and over the age of 18 may work. Included are the criteria for determining an employment relationship; limitations of hours, wage requirements and allowances, and allowable jobs. In addition to the federal requirements California wage and hour laws delineate added criteria for employing students that range in age from 14 – 22 years of age.

When negotiating vocational experiences, teachers and coordinators, including transition specialist should underscore with employers that they are still subject to the FLSA. Employers must understand that this is true regardless of whether the vocational experiences are part of the students' purposeful and focused plans of study or are part of individualized education plans (IEPs). Under no circumstances, may the Federal FLSA and California labor laws be waived!

Under the FLSA there are some allowances for sub minimum wages. Contact site transition specialist for more details.

### *Non Paid Vocational Placement*

Vocational experiences, however, need not be exclusively ones with established employer-employee relationships in which students must receive wages for work performed. Students may receive vocational experiences without the employers being obligated to pay wages. Before a student starts a non-paid vocational placement staff should obtain a signed statement from the parent and student that they understand wages will not be paid.

### *Non Paid Work Criteria*

For a employer-employee relationship **not** to exist **all** of the following criteria must be met.

1. Participants will be youth with physical and/or mental disabilities for whom competitive employment at or above the minimum wage level is not immediately obtainable and who, because of their disability, will need intensive on-going support to perform in a work setting.
2. Participation will be for vocational exploration, assessment, or training in a community or school based work site under the general supervision of public school personnel.
3. Community or school based placements will be clearly defined components of individual education programs developed and designed for the benefit of each student. The statement of needed transition services established for the exploration, assessment, training, or cooperative vocational education components will be included in the student's Individualized Education Program (IEP).
4. Information contained in a student's IEP will not have to be made available; however, documentation as to the student's enrollment in the community school based placement program will be made available to the Departments of Labor and Education. The student and the parent or guardian of each student must be fully informed of the IEP and the community or school based placement component and have indicated voluntary participation with the understanding that participation in such a component does not entitle the student-participant to wages.
5. The activities of the students at the community or school based placement site do not result in an immediate advantage to the business. The Department of Labor will look at several factors.
  - a. There has been no displacement of employees; vacant positions have not been filled; employees have not been relieved of assigned duties; and the students are not performing services that, although not ordinarily performed by employees, clearly are of benefit to the business.
  - b. The students are under continued and direct supervision by either representatives of the school or by employees of the business.
  - c. Such placements are made according to the requirements of the student's IEP and not to meet the labor needs of the business.
  - d. The periods of time spent by the students at any one site or in any clearly distinguishable job classification are specifically limited by the IEP.
6. While the existence of an employment relationship will not be determined exclusively on the basis of the number of hours, as a general rule, each component will not exceed the following limitation during any one school year.

Vocational exploration*	5 hours per job experience
Vocational assessment*	90 hours per job experience
Vocational training*	120 hours per job experience

\*see definitions

7. Students are not entitled to employment at the business at the conclusion of their IEP. Once a student has become an employee, the student cannot be considered a trainee at that particular community or school based placement unless in a clearly distinguishable occupation (U.S. Department of Education Memorandum, September 21, 1992).

If there is a violation of FLSA (i.e., no wages provided but employer-employee relationship exists as a result of not all 6 criteria being met), the employer will bear the brunt of potential financial penalties, including fines and/or having to pay lost wages. Schools will also be punished if there is a violation, as it will more than likely deter other employers from agreeing to host as an extension of the classroom and, thus, have a negative impact on the design of effective school to work endeavors.

**For non-paid work the following definitions will apply:**

Vocational exploration: Improve basic skills, pre-employment skills, career direction, and work maturity. For example, the Antelope Valley Union High School District offers a two-day A.V. Mall Community Classroom Vocational Exploration Program. The Antelope Valley Union High School District seeks to improve students' attitudes toward school and to prevent students from dropping out.

Vocational assessment: The most important process available for assembling the information needed to make well-rounded career decisions. The assessment process may include observations, anecdotal information, on-the-job try-out, classroom performance examples, tests, and work samples.

Vocational training: To provide a comprehensive system of vocational education and training to meet the needs of the economy, which are directly applicable to the requirements of the employer. The Antelope Valley Union High School District offers a wide variety of vocational education training programs.

**APPENDIX 2**

**CBI BUDGET**

**TO BE APPROVED AT A LATER DATE**

## Antelope Valley Union High School District Staff Member's Statement of Understanding

School \_\_\_\_\_

Principal \_\_\_\_\_

Dept. Head \_\_\_\_\_

Teacher \_\_\_\_\_

### STAFF MEMBER'S STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_  
(Print name of staff person)

have read, understand, and agree to follow the above "Guidelines and Required Procedures for Implementing, CBIVT for Students with Severe Impairments".

Signature of staff member \_\_\_\_\_

Date \_\_\_\_\_

Teacher should keep all signed "Staff Member's Statement of Understanding" forms for her/his records.

Copies to be given to Special Education Vice Principal



ANTELOPE VALLEY HIGH SCHOOL DISTRICT  
Community Based Instruction and Vocational Training  
Individual Calendar

**Student:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_

Date: \_\_\_\_\_ Trip/Job Site: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Date: \_\_\_\_\_ Trip/Job Site: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Date: \_\_\_\_\_ Trip/Job Site: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Date: \_\_\_\_\_ Trip/Job Site: \_\_\_\_\_

Comments: \_\_\_\_\_

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

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT  
PARENT CONSENT FOR STUDENT PARTICIPATION

COMMUNITY BASED INSTRUCTION/VOCATIONAL TRAINING (CBIVT)

20\_\_\_\_ - 20\_\_\_\_ School Year

I give permission for my son/daughter,

\_\_\_\_\_ ,  
at \_\_\_\_\_ School to participate in CBIVT as  
indicated in his/her IEP, for the school year \_\_\_\_\_ to \_\_\_\_\_  
{or for Summer/ESY\_\_\_\_\_.

I understand that my son/daughter will be going off school site into  
the community on a regularly scheduled basis (i.e., daily, twice  
weekly, weekly, etc.) to learn skills that are indicated in his/her  
IEP.

my son's/daughter's program will be developed by his/her teacher and  
will be implemented by his/her teacher, a paraprofessional under the  
direct supervision of the teacher.

if any of the information indicated below changes, I will be informed  
and will be given a new form to sign.

You will be notified on a monthly basis prior to each off-campus  
activity. You may request that your child not participate in any given  
CBI activity. You will be notified of any changes to this monthly  
schedule prior to your child leaving campus and will be given the  
opportunity to approve or decline the activity. All CBIVT activities  
are appropriately supervised to ensure the safety of your child.

If I have any concerns I can contact \_\_\_\_\_  
Teacher Name  
at \_\_\_\_\_ .  
Phone Number

I understand that my son/daughter will be participating and in the  
following CBIVT instructional activities:

IEP/ITP Objectives/Activities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructional/Work Sites  
\_\_\_\_\_  
\_\_\_\_\_

Transportation Modes: (circle) AVTA SITE VAN DAIL-A-RIDE Walk

Other \_\_\_\_\_

Check one:

\_\_\_\_\_ I give my permission for the above activities.

\_\_\_\_\_ I do not give permission for the above activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

**ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT  
INDEPENDENT TRAVEL APPROVAL FORM**

Instruction for traveling independently was implemented per your son/daughter's current IEP/ITP.

\_\_\_\_\_  
Student's name  
has completed the travel instruction established to teach him/her how to independently get from \_\_\_\_\_ to \_\_\_\_\_ and from \_\_\_\_\_ to \_\_\_\_\_.

Your son/daughter has learned the following travel route(s):  
From (address) \_\_\_\_\_ to \_\_\_\_\_  
departure time \_\_\_\_\_ bus lines \_\_\_\_\_ transfer point(s) \_\_\_\_\_  
Transportation mode(s): (AVTA (Walk (Taxi

From (address) \_\_\_\_\_ to \_\_\_\_\_  
Departure time \_\_\_\_\_ bus lines \_\_\_\_\_ transfer point(s) \_\_\_\_\_  
Transportation mode(s): (BART (METRO (Walk (Taxi

Your son/daughter knows the following safety procedures if s/he gets lost while traveling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your son/daughter may begin traveling independently as of \_\_\_\_\_  
Date

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_  
Teacher/Job Coach Telephone

No.  
Please check one and sign:  
\_\_\_\_\_ I give permission/consent for my son/daughter to independently travel using the above, mentioned transportation mode(s) and route(s).  
\_\_\_\_\_ I do not give permission/consent for my son/daughter to travel independently.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

School \_\_\_\_\_

Principal \_\_\_\_\_

Dept. Head \_\_\_\_\_

Teacher \_\_\_\_\_

**STAFF MEMBER'S STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_  
(Print name of staff person)

have read, understand, and agree to follow the above "Guidelines and Required Procedures for Implementing, CBIVT for Students with Severe Impairments".

Signature of staff member  
\_\_\_\_\_

Date \_\_\_\_\_

Teacher should keep all signed "Staff Member's Statement of Understanding" forms for her/his records.

Copies to be given to Special Education Vice Principal

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT  
PARENT CONSENT FOR STUDENT PARTICIPATION

COMMUNITY BASED INSTRUCTION/VOCATIONAL TRAINING (CBIVT)

20\_\_\_\_ - 20\_\_\_\_ School Year

I give permission for my son/daughter,

\_\_\_\_\_,'  
at \_\_\_\_\_ School to participate in CBIVT as  
indicated in his/her IEP, for the school year \_\_\_\_\_ to \_\_\_\_\_  
{or for Summer/ESY\_\_\_\_\_.

I understand that:

my son/daughter will be going off school site into the community on a  
regularly scheduled basis (i.e., daily, twice weekly, weekly, etc.) to  
learn skills that are indicated in his/her IEP.

my son's/daughter's program will be developed by his/her teacher and  
will be implemented by his/her teacher, a paraprofessional under the  
direct supervision of the teacher.

if any of the information indicated below changes, I will be informed  
and will be given a new form to sign.

You will be notified on a monthly basis prior to each off-campus  
activity. You may request that your child not participate in any given  
CBI activity. You will be notified of any changes to this monthly  
schedule prior to your child leaving campus and will be given the  
opportunity to approve or decline the activity. All CBIVT activities  
are appropriately supervised to ensure the safety of your child.

If I have any concerns I can contact (Teacher)\_\_\_\_\_  
at # \_\_\_\_\_.

I understand that my son/daughter will be participating and in the  
following CBIVT instructional activities:

IEP/ITP Objectives/Activities

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

Instructional/Work Sites

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

---

Transportation Modes: (circle) AVTA      SITE VAN   DAIL-A-RIDE   Walk  
Other \_\_\_\_\_

Check one:      ( I give my permission for the above activities ( I do  
not give permission

Parent/Guardian Signature

\_\_\_\_\_ Date

Comments: \_\_\_\_\_

---

NAME \_\_\_\_\_

BRIEF SESSION SUMMARY

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_



**Student Identification Card Template**

**Student Identification Information**

\_\_\_\_\_

is a student at:

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Principal: \_\_\_\_\_

Special Education Teacher Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Daytime Phone#: \_\_\_\_\_

Emergency Contact Person(s): \_\_\_\_\_

Emergency Contact Person(s) Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Medical/Instruction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CBI REQUEST FORM

Teacher Name	Department Chair

Site	Method of Transportation	Account Number

Date of Activity	Amount Requested	Destination

<b>Briefly explain the Community-Based Instruction of the trip.</b>

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

Dept. Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

SPED VP Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach CBI Activity Forms

## CBI Activity Form

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

**CBI Activity:** \_\_\_\_\_

**Functional Skill Area:** \_\_\_\_\_

**Individualized Objective(s):**

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**(Attach this form onto the CBI Request Form and send to SPED VP.)**

## CBI Activity Form

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

**CBI Activity:** \_\_\_\_\_

**Functional Skill Area:** \_\_\_\_\_

**Individualized Objective(s):**

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**(Attach this form onto the CBI Request Form and send to SPED VP.)**

**Antelope Valley Union High School District**

**Community Training Information and Donation Request**

School Site: \_\_\_\_\_

Date \_\_\_\_\_

Dear \_\_\_\_\_

Our community training on \_\_\_\_\_ will be to \_\_\_\_\_  
(date) (Destination/Location)

A donation of \_\_\_\_\_ for this training would be appreciated. The money will be for:

\_\_\_\_\_ Transportation  
\_\_\_\_\_ Food  
\_\_\_\_\_ Other \_\_\_\_\_

All receipts and change (if Possible) will be sent home with student.

\_\_\_\_\_  
Teacher

**11/02**