



## Six Week Checklist

*Inside the Outdoors®*, Outdoor Science School (OSS)

Return this checklist **at least SIX WEEKS PRIOR** to your participation to  
outdoorscienceschool@ocde.us. Please allow for breaks and holidays when school is not in session.



|                                |   |
|--------------------------------|---|
| School _____                   | OSS Site _____                                  |
| District _____                 | Date Attending _____                            |
| Phone _____ Fax _____          | Grade _____                                     |
| Contact Person _____           | # of Boys _____ # of Girls _____                |
| Contact's Title/Position _____ | Total Students attending _____                  |
| Contact's Phone _____          | Total Teachers attending Full Time _____        |
| Contact's Email _____          | (At least one teacher for every 25-35 students) |
| Best time to Call _____        |   |
| Principal _____                |   |

Your transportation has been ordered? ☐ Yes ☐ No Arrival time at OSS is 11:00 a.m. on the first day.  
*Buses should arrive on site on the last day no later than 10:30 a.m. to load and leave by 11:00 a.m.*  
*Transportation understands that buses must carry chains during winter weather conditions.* ☐ YES ☐ NO

### Students with Special Needs/Concerns

In order to accommodate a student with special needs/concerns, adequate time for preparation is needed to ensure his/her safety. Special needs or conditions may include: diabetes, seizures, wheelchair, physical or emotional limitations, students in casts, visual/hearing impairment, severe health concerns, etc. Parents of students with special needs should complete a "Release for a Student with a Special Need/Condition." Special concerns may include special diets, especially if food substitution may be necessary, religious celebration conflicts, etc. **For questions concerning special needs students, call the Program Manager at the site you will attend.** Continue on a separate sheet if necessary.

| Student Name | Need/Condition/Concern | Parent Name | Phone Number |
|--------------|------------------------|-------------|--------------|
|              |                        |             |              |
|              |                        |             |              |
|              |                        |             |              |
|              |                        |             |              |
|              |                        |             |              |
|              |                        |             |              |

### Teacher with Special Needs/Concerns

(i.e. pregnancy, job share, health concerns, college class conflicts)

Name/Title

Condition/Concern

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |