

SEASPAR PROGRAM SUMMARY

This form is to be completed and submitted ***immediately*** following the activity.

Program _____ Activity _____ Date _____

Facility/Location _____

Vehicle(s) Used: Blues B2 Clem Newman Rain Ram Ruby Simba Sparty Yoshi

Any schedule/facility/vehicle/activity deviations or changes?

Participants Absent	Expected?	Unexpected?	Comments

Additional documentation being submitted due to incidents at the program:

Accident/Incident Form

Behavior Report

Seizure Report

Late Pickup - Submit form for those more than 15 minutes late

Staff Absent	Replaced by	Unexpected Absence

Recommendations/suggestions/comments/concerns:

Total Cash Spent _____ Total Credit Card _____

Submitted by _____ Date _____

Additional Follow-up Needed *Office use – Initial & date once follow-up is complete:*

- | | |
|---|--|
| <input type="checkbox"/> S.O. Coordinator _____ | <input type="checkbox"/> Support Staff Manager _____ |
| <input type="checkbox"/> Youth Coordinator _____ | <input type="checkbox"/> Day Program Manager _____ |
| <input type="checkbox"/> T & A Program Coordinator _____ | <input type="checkbox"/> Inclusion Manager _____ |
| <input type="checkbox"/> T & A Special Events Coordinator _____ | <input type="checkbox"/> Superintendent of Admin _____ |