

SEASPAR PROGRAM SUMMARY

PLEASE PRINT - 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

Were any staff absent or late? Only list unexpected absences or tardiness. _____

Recommendations/suggestions/comments/concerns: _____

Total Cash Spent _____ Total Credit Card _____

Submitted by _____ Date _____
Please print

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 _____