

### 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: B2 Louise Newman Ruby Simba Sparty Taylor Thelma Violet 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

Were any participants picked up 15 minutes late or more? List name(s) and time(s) of pickup. \_\_\_\_\_

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

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 _____ |