



# DISCOVER THE OUTDOORS GRANT REPORTING

State Form 55252 (R / 3-18)

INDIANA STATE PARKS AND RESERVOIRS / INDIANA NATURAL RESOURCES FOUNDATION

*INSTRUCTIONS: This report is due by June 15<sup>th</sup> in the year following the field trip to an Indiana state park or reservoir.*

Grantee Name: \_\_\_\_\_

Teacher / Leader Position: \_\_\_\_\_

Grantee School Name: \_\_\_\_\_

Grantee School District (if applicable): \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ IN ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Note: Correspondence when school is not in session will occur via e-mail.)*

Type of School (select one):  Public  Private  Home School Group  Other: \_\_\_\_\_

State Park or Reservoir property visited: \_\_\_\_\_

Field Trip Date (month, day, year): \_\_\_\_\_

Total number of students (must be fifteen (15) or more) who participated in the field trip: \_\_\_\_\_

Total number of chaperones who participated (excluding teachers and bus drivers): \_\_\_\_\_

Please describe or attach the final agenda for the field trip.

Please describe how the field trip connected specifically with the Indiana Academic Standards identified in your grant request, and with other elements of your curriculum.

How did this field trip experience benefit your students? Were outcomes / measures of success identified in the grant request achieved?

*Please identify costs below. Attach all receipts and any additional explanatory information. Receipts should include the date of the field trip, who took the trip, actual mileage, etc.*

Field Trip Costs	Budgeted	Actual	DOF Funds	Other Funds and Source
Transportation				
Program Fees				
Materials				
Other _____				
Other _____				
Other _____				

What suggestions do you have for us for our field trips or for the management of next year's grant program?