

ACTIVITY / FIELD TRIP IMPACT & INCIDENT REPORT

Short Post-Activity Report

Activity / Field Trip:		Date:	
Grade / Class:		Staff Responsible:	
Location:		Number of Students:	

1. Activity Outcome & Impact

What did students learn, experience, or gain?

Overall impact: ☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

2. Student Engagement

Participation: ☐ Highly engaged ☐ Engaged ☐ Somewhat engaged ☐ Limited

Brief comments: _____

3. Incident / Concern

Did any incident or concern occur? ☐ No ☐ Yes

If yes, briefly describe what happened:

How was it dealt with / what action was taken?

Staff Name: _____	Date Submitted: _____
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