Barrier Island Program

Behavioral/Developmental/Physical Concerns

2810 Seabrook Island Rd, Johns Island, SC 29455
Phone (843) 768-1337

CONFIDENTIAL

THIS FORM MUST BE SUBMITTED TWO WEEKS PRIOR TO TRIP DATE

School Name _____

Teacher Name _____

Dates of Trip _____

To help the Barrier Island staff prepare & best facilitate learning for your students, please note any behavioral, developmental and/or physical concerns in the spaces below.

Child's Name	Issue	Field Group Letter (if known)

Revised 08/19