

Student Name Date of Birth

Grade Homeroom Teacher School

Address Phone

SECTION A: Planning the least restrictive transportation environment (To be completed by Special Education Staff)

Can this student be transported with their peers?

- Yes, with no modifications or support. If the answer is yes, proceed no further.
- Yes, with modifications specified below.
- No, needs special transportation with modifications noted below

- | | |
|--|--|
| <input type="checkbox"/> To meet the student's medical/behavioral needs | <input type="checkbox"/> To lesson exposure to traffic |
| <input type="checkbox"/> Wheelchair (If yes, proceed to Communication Section) | <input type="checkbox"/> Change of route |
| <input type="checkbox"/> Length of time on bus | |
| <input type="checkbox"/> Other Specify <input type="text"/> | |

Required Seating

- | | | |
|--|---|---|
| <input type="checkbox"/> Front of bus | <input type="checkbox"/> Away from door or rear window | <input type="checkbox"/> Seated with limited access to others |
| <input type="checkbox"/> Assigned seat | <input type="checkbox"/> Seated with feet on floor or low floor bus | <input type="checkbox"/> Seated out of emergency exits |
| <input type="checkbox"/> Window seat | <input type="checkbox"/> Other Specify <input type="text"/> | |

Discharge of student

(head phones, fidget toy, book, etc)

Can this student be discharged from the bus without an adult waiting to receive him/her? Yes No

Supervision/Assistance when taking transportation:

- | | |
|--|---|
| <input type="checkbox"/> To board and exit bus | <input type="checkbox"/> To maintain appropriate/safe behavior |
| <input type="checkbox"/> To remain safe in "danger zone" - from all sides of the bus | <input type="checkbox"/> To avoid contact with emergency exits |
| <input type="checkbox"/> To cross street or safely navigate into home/school | <input type="checkbox"/> To avoid putting anything out of the windows |
| <input type="checkbox"/> To stay seated upright on the seat with safety vest | <input type="checkbox"/> To navigate emergency exit |
| <input type="checkbox"/> To leave bus in the event of an emergency (specify procedure above) | |
| <input type="checkbox"/> Other Specify <input type="text"/> | |

Communication:

- Verbal ESL Sign Language Communication Board Picture System Gestures Other

Medical/Behavioral Concerns:

Medical Plan Yes No

If Yes, please describe (or transportation department can attach)

SECTION B: (To be completed by Transportation Staff)

Equipment:

Safety vest (can be used on traditional bus seat without lap belt or reinforced seat with lap belt)

Waist size with outer clothing Waist size without outer clothing

Person responsible for putting vest on/off

Person responsible for connecting vest to mount

Child Safety Seat Weight Height

Plan transmitted to Transportation Department on

Plan received by Transportation Department on

Section C: (Completed by Special Education or Transportation Staff)

Plan Updates:

Describe updated conditions:

Update initiated by: Special Education Staff Transportation Staff

Staff Name requesting update Date of update request

Updated plan transmitted to Transportation Department on

Updated plan received by Transportation Department on