

TO BE COMPLETED BY CUSD PERSONNEL

CONFIDENTIAL

Completed by: _____ Title: _____ Date: _____

Program (circle all that apply) Pre K ED M/S-SDC M/M-SDC RSP Adult Ed Other: _____

Teacher: _____ School Start Time: _____ End Time: _____

Special Education Services

Yes No

☐ ☐

*** **

Does the student require District Transportation (specified on the IEP)?

If yes, please attach the page of the IEP that specifies transportation required.

☐ ☐

Will services be provided at the school of residence?

Transportation Concerns

Yes No

☐ ☐

Have parents been informed of their role and responsibility in the transportation of their child?

☐ ☐

Does the student require adult supervision at the bus stop? If yes, parent or designee must meet the child at the stop.

☐ ☐

Are there circumstances that affect the location of the pick-up and/or return address?

If yes, please specify: _____

☐ ☐

Are there specific types of assistance that the bus driver must provide? If yes, please specify: _____

List any other characteristics, behaviors or needs (such as seating concerns) that may impact transportation: _____

Medical/Behavioral Concerns

Yes No

☐ ☐

Does the student have a physical disability that is life threatening and requires monitoring, interpretation or intervention as determined by the site or the special education itinerate nurse?

☐ ☐

Is the student affected by a medical condition that limits the length of time he or she is able to ride on a bus? If yes, please explain: _____

☐ ☐

Does the student use technology or assistive devices such as tracheostomy tube, use a helmet, ventilator, oxygen or require suctioning? If yes, circle all that apply.

☐ ☐

Does the student experience uncontrolled seizures, severe hypotonia causing potentially obstructed airway or apnea? If yes, circle which one.

☐ ☐

Does this student have a care plan? If so, what kind? _____

Was a copy sent to transportation? YES NO

Date sent: _____

☐ ☐

Does the student use a walker, manual wheelchair, or power wheelchair? If yes, circle which one.

☐ ☐

Does the student need a child safety restraint system (CSRS)? If yes, please explain: _____

☐ ☐

Does the student have equipment or an assistance animal to be transported? If yes, please specify: _____

☐ ☐

Does the student exhibit behavior that is aggressive or dangerous? If yes, please explain: _____

Behavior management program or techniques to be used in transporting student: _____

Specialized equipment/assistance required to transport the student:

Wheelchair: _____

Safety Vest: _____

Other: _____

Please identify any components of student's I.E.P. that may related to transportation (i.e. what behaviors may be encountered; how to best handle undesirable behaviors; how student communicates, etc.): _____

Will student continue at this school next year?

YES

NO

Next School: _____

Will this student continue to be eligible for bussing?

YES

NO

Next Teacher: _____