

**Special Education/ Early Childhood
Student Transportation Request and Information**

**Please allow 48 hours after all required forms have been submitted to the transportation department for student transportation requests and/or changes to go into effect.*

TYPE OF TRANSPORTATION REQUEST

NEW REQUEST **CHANGE** **CANCEL TRANSPORT**

Date Submitted:

Description of request, change or cancellation:

STUDENT INFORMATION

Student Name:

Date of birth: Age: Gender: MALE FEMALE

Teacher Name:

Grade:

Session (preschool only): A.M. P.M. All Day

PARENT/GUARDIAN INFORMATION *(person to contact regarding transportation)*

Parent/Guardian:

Relationship:

Address:

Phone:

Email:

TRANSPORTATION INFORMATION *(pick-up/drop-off information)*

PICK-UP Address: N/A

Contact Name (adult at location):

Contact is: Parent/Guardian Caregiver/Daycare Other _____

Contact phone #:

Attendance Days: M T W Th Fri

DROP-OFF Address: *(if same as above)* N/A

Contact Name (adult at location):

Contact is: Parent/Guardian Caregiver/Daycare Other

Contact phone #:

Attendance Days: M T W Th Fri

SPECIAL CONSIDERATIONS

Does student have a Behavior/Health Plan? If so please attach. YES NO

Is student ambulatory? (able to walk on their own) YES NO

What are student's disability(s)? Physical Behavioral Emotional
 Mental Learning

Comments:

SUPERVISION NEEDS (check all that apply)

Individual para required Unable to share seat with peers R.N. (nurse) required
 Aide assistance on/off bus Other

Comments:

SPECIAL EQUIPMENT (select all below that apply)

Does student require special equipment during transport? YES NO

Wheelchair Carseat/Harness/Restraint Hearing aids
 Walker Communication device Device (electronic, ect)
 Oxygen tank Earphones Other

Comments:

SAFETY/SECURITY FACTORS (explain below in comments)

Aggressive behavior Runner Hearing/Vision impaired
 Physical with others Unaware of common danger Uses sign language
 Mobility concerns Speech/Non-Verbal Unable or has difficulty following directions
 Other

Comments:

MEDICAL CONCERNS

Asthma Oral Suction Diabetic Seizures
 Bleeds easily Oxygen required Gastric/Intestinal tube
 Cardiac Concerns Severe Allergy Other

Comments:

BEHAVIORS

Provide any information that will give transportation personnel some insight about the student- how to work with her/him, things that aggravate student, triggers or aversions, potential issues and suggestions to aid/soothe if issue occurs, helpful tips on keeping student calm and content.

Triggers (e.g. loud sounds, change in routine)
 Aversions (e.g. touch)
 Potential issues (e.g. random inappropriate spouts)
 Other

Comments/Tips: