

# ISD 318 Special Transportation Request/Authorization Form

(Submit Directly to Special Services Office Attn: Wendi Kruse)



Student Name:	Date Requested:
Case Manager:	Grade:
Building:	MARSS #:

## Type of Request:

<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Discontinue	<input type="checkbox"/> Annual Update
------------------------------	---------------------------------	--------------------------------------	--

## Reason for Authorization Request:

<input type="checkbox"/> Accessibility	The regular education bus is not accessible for the child. <b>Describe need related to accessibility (i.e., student is in wheelchair).</b>
<input type="checkbox"/> Social Emotional	The student's bus conduct requires a different mode of transportation. This will only be offered with the following information: Number of Bus Referrals: _____ Interventions designed and implemented to address concerns (2 required) : 1. 2. <input type="checkbox"/> Interventions waived due to safety concerns
<input type="checkbox"/> Health/Medical Condition	A health/medical condition exists which involves the safety of the child or others. Health issues may include seizures, oxygen equipment, fatigue that causes the student to fall asleep on the bus, assistive devices needed to maintain a sitting position, communication issues (hard of hearing, visually impaired, nonverbal), or assistance in walking up and down stairs. Please note, if emergency medications are not provided and an incident requiring medications occurs, 911 will be called.) <b>List health/medical condition(s) warranting special education transportation.</b>

## Authorization Determination

- Request Approved  
 Request Denied - Reason(s):

## Authorization Signature

Special Services Director

Date

# ISD 318 Special Transportation Information Form

(Submit Directly to Transportation Department)



**Type of Request:**

<input type="checkbox"/> New	<input type="checkbox"/> Change on _____	<input type="checkbox"/> Discontinue on _____	<input type="checkbox"/> Annual Update
------------------------------	--	---	--

<b>Date Parent/Guardian Signature Received:</b>	<b>Anticipated Start Date:</b>
---	--------------------------------

**Student Information:**

Student Name:		Annual IEP Date:
Case Manager:		Date of Birth:
Building:		MARSS #:
Parent/Guardian:		Grade:
Home Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone:	Cell Phone:	Work Phone:

**Routing Information: PRIMARY**

Anticipated Start Date:	School Site:
School Start Time:      School End Time:	School Phone Number:
Pick Up Address:	Drop Off Address:
Contact Name:	Contact Name:
Phone Number:	Phone Number:

**Routing Information: ALTERNATE**

Anticipated Start Date:	School Site:
School Start Time:      School End Time:	School Phone Number:
Pick Up Address:	Drop Off Address:
Contact Name:	Contact Name:
Phone Number:	Phone Number:

**Preschool and ECSE Only (Others leave this Section Blank)**

<input type="checkbox"/> AM Preschool	<input type="checkbox"/> PM Preschool	<input type="checkbox"/> All Day Preschool
Start Time: <input type="checkbox"/> 8:30 <input type="checkbox"/> Other:	End Time: <input type="checkbox"/> 11:30 <input type="checkbox"/> 2:30 <input type="checkbox"/> Other	
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
		<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday		
Preschool Start Date:		Preschool End Date:
Height:		Weight:
Preschool School Address:		
Preschool Phone Number:		Preschool Teacher:

**Drop-Off Procedure:**

<input type="checkbox"/> Release student from bus on his/her own <small>***Not allowed for PreK &amp; Kindergarten</small>	<input type="checkbox"/> Release student after visual confirmation adult is present	<input type="checkbox"/> Student requires adult escort from bus to door
<small>Note: If there is no supervision at the bus drop off, the Transportation Department will call the parent(s).</small>		

**Student Needs:**

<input type="checkbox"/> <b>Individual Education Plan</b> <input type="checkbox"/> Health/Medical Needs <input type="checkbox"/> Cognitive Needs <input type="checkbox"/> Behavior Needs <input type="checkbox"/> Physical Disability Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Special Placement <input type="checkbox"/> Other:	<input type="checkbox"/> <b>504 Plan</b> <input type="checkbox"/> Health/Medical Needs <input type="checkbox"/> Cognitive Needs <input type="checkbox"/> Behavioral Needs <input type="checkbox"/> Physical Disability Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Other:
Is paraprofessional support needed on the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student receive individualized paraprofessional support throughout the school day? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Mark all that apply:**

<input type="checkbox"/> Car Seat (up to 40 lbs)	<input type="checkbox"/> Wheelchair - Manual	<input type="checkbox"/> Seatbelt
<input type="checkbox"/> Child Safety Restraint (up to 90 lbs)	<input type="checkbox"/> Wheelchair - Electric	<input type="checkbox"/> Emergency Plan (attached)
<input type="checkbox"/> Medical Alerts:	<input type="checkbox"/> Five Point Harness	
<input type="checkbox"/> Other:		

*List below specific accommodations this student needs on the bus (i.e., assigned seat, access to digital device, visual supports, specialized equipment, reinforcement system, etc.) What additional information does the bus driver need to know to support the student's needs on the bus (i.e., helpful tips for working with the student).*

\*\*\*If appropriate, copy/paste information from the student's IEP below.

**Accommodations:**

**For Case Manager Use Only:**

Date Special Education Transportation Authorization Form Completed:

Date Authorization Approved:

Date Consent Received:

Special Education Transportation Listed in the Student's IEP or 504 Plan

Date Started:

**The following have been attached to the Special Transportation Information Form:**

Service Page

Behavior Intervention Plan (if applicable)

Accommodations

Personal Care Plan (if applicable)

**Emergency Contact Information:**

Contact #1:

Phone:

Contact #2:

Phone:

Physician Name:

Phone:

# Special Transportation Procedures

## ISD 318

### Process for determining if a student is in need of special transportation:

Note: Special transportation needs to be reviewed at the annual IEP meeting.

	1. Prior to an IEP team meeting - case manager review needs (accessibility, health/medical, behavior: referrals and intervention data).
	2. The IEP case manager completes the <b>Special Transportation Request/Authorization Form</b> , and submits the form to Special Services.
	3. Special Services Administrator approves or denies the request and returns it to the case manager.
	4. Given prior approval, the IEP team agrees to start or continue special transportation.
	5. Case manager completes the <b>Special Transportation Information Form</b> , attaches the <b>Special Transportation Request/Authorization Form</b> with administrators approval and signature. The originals are put in the miscellaneous section of the due process binder. Send copies of the completed forms with IEP service page (showing sped transportation), Accommodations Page, Behavior Intervention Plan, and Personal Care Plan directly to the Transportation Department.
	6. Case manager sends copies of <b>Special Transportation Information Form</b> and <b>Special Transportation Request/Authorization Form</b> to Lyn Rajala at Central Enrollment.

### Process for determining a student is NO LONGER in need of special transportation:

Note: Special transportation needs to be reviewed at the annual IEP meeting.

	1. Per IEP team meeting, Case Manager completes end date on the <b>Special Transportation Request/Authorization Form</b> to discontinue special transportation.
	2. Case Manager sends form to Special Services for approval and signature.
	3. Case Manager removes special transportation from the student's IEP.
	4. Original form is returned to the case manager and put in the due process binder.
	5. Copy of form is sent to Transportation Department and Lyn Rajala at Central Enrollment