

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 his/her 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.
- To meet the student's medical/behavioral needs
  - To lessen exposure to traffic
  - Wheelchair (If yes, proceed to Communication Section)
  - Change of route
  - Length of time on bus
  - Other Specify

**Required Seating**

- Front of bus
- Away from door or rear window
- Seated with limited access to others
- Assigned seat
- Seated with feet on floor or low floor bus
- Seated out of emergency exits
- Window seat
- Other Specify

**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:**

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

**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:** (To be 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