

STUDENT'S LEGAL NAME

Last Name

First Name

Middle Name

EMERGENCY CONTACTS

List one *local* contact with whom the student may be released in the case of illness or emergency if unable to notify parent.

Name _____	Phone _____ <i>Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday</i>
Cell Phone _____	Relationship _____

SUPPLEMENTAL TRANSPORTATION INFORMATION

This form is to be used to share any information about special needs students that would be helpful/essential to the transporter. The information is considered confidential and cannot be shared with any individual not involved in educating or transporting the student.
CASE MANAGER:

STUDENT IS TRANSPORTED WHICH DAYS? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DISABILITY: _____

MODE OF COMMUNICATION: _____

DOCTOR'S NAME: _____ PHONE #: _____

WHEELCHAIR NEEDED: YES NO POWER MANUAL STAFF RESPONSIBLE: _____

WHEELCHAIR SPECIAL INSTRUCTIONS: TRAVELS WITH STUDENT REMAINS AT HOME REMAINS AT SCHOOL

OTHER MOBILITY AND/OR ASSISTIVE DEVICES USED: (LIST TYPE) _____

IS THERE ANYTHING ON THE IEP SPECIFICALLY REGARDING SPECIAL TRANSPORTATION? YES NO

PLEASE INDICATE BELOW ANY RESTRICTIONS, REQUIREMENTS OR ACCOMMODATIONS AS LISTED ON THE IEP.

MINI BUS/VAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	EYE TO EYE (ADULT MUST BE VISIBLE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
REGULAR EDUCATION BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAND TO HAND (ADULT WILL MEET CHILD AT BUS)	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUS W/LIFT	<input type="checkbox"/> YES <input type="checkbox"/> NO	STUDENT TO STUDENT RESTRICTIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE DESCRIBE RESTRICTIONS, REQUIREMENTS, AND ACCOMMODATIONS BELOW:

LIST ANY MEDICAL/PHYSICAL CONDITIONS THAT THE DRIVER/MONITOR SHOULD BE AWARE OF:

WILL THE STUDENT REQUIRE ANY ASSISTANCE FROM THE DRIVER/MONITOR FOR THE ABOVE LISTED CONDITIONS? YES NO
IF "YES", WHAT ASSISTANCE WILL BE NEEDED? WILL SPECIFIC TRAINING BE NEEDED AND, IF SO, WHO WILL PROVIDE THE TRAINING?

LIST ANY OTHER BEHAVIORAL/EMOTIONAL CHARACTERISTICS THE DRIVER/MONITOR SHOULD BE AWARE OF, INCLUDING ANY SPECIAL INSTRUCTIONS FOR INTERACTING WITH THE STUDENT.

Parent or School Office has been contacted to confirm information (phone number/address).
This is the case manager's responsibility.