

BEMIDJI REGIONAL INTERDISTRICT COUNCIL

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 Northome-Indus [www.bric-k12.com](http://www.bric-k12.com) Admin Office-Bemidji

 **Special Education Transportation**

 **Determination Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Authorization Request**

* **Accessibility**: The regular bus is not accessible for the child.

Describe need related to accessibility (i.e., student is in a wheelchair):

* **Social Behavior**: The Student’s bus conduct requires a different mode of transportation. This will only be offered after the case manager and/or building principal design, implement and document two interventions, over two weeks, for the regular bus.

Number of bus referrals: \_\_\_\_\_\_\_\_\_ Primary reason(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interventions designed and implemented to address bus concerns (at least 2 required):

1.

2.

Interventions waived due to safety concerns. Yes\_\_\_\_ No \_\_\_\_\_ Principal Initials \_\_\_\_\_\_

* **Health/Medical Condition:** A health/medical condition exists which involves the safety of the child or others. Please note: emergency health card should be completed prior to special education transportation.

**List health/medical condition(s) warranting special education transportation:**

* **Bus Route Modification due to Adjusted Student Schedule**

List reason for adjusted schedule:

**Special Transportation**

* **Yes**
* **No**