

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 707.8P Adopted July 1983 Revised February 2010
Title Special Education Transportation Request

Student name (last, first, middle)		Grade	Date of birth	Student ID# (required)			
Home address (number, street, apt., city, zip)				Home phone			
Parent/guardian name							
Mother's work phone		Father's work phone		Mother's cell phone			
Father's cell phone							
Daycare/alternative transportation address			Days at alternative address		Daycare/alternative phone		
Pick-up _____			__M __T __W __Th __F				
Drop-off _____			__M __T __W __Th __F				
Reason form submitted <input type="checkbox"/> new student <input type="checkbox"/> address change <input type="checkbox"/> program change <input type="checkbox"/> new school year <input type="checkbox"/> re-start <input type="checkbox"/> schedule change <input type="checkbox"/> daycare change <input type="checkbox"/> other (specify) _____							
School name & phone #		Program	Program days __M __T __W __Th __F		Teacher's name		
Voice mail #							
Requested start date		School start time	School end time		Recommended by IEP <input type="checkbox"/> yes <input type="checkbox"/> no Section 504 (attach copy) <input type="checkbox"/> yes <input type="checkbox"/> no Treatment <input type="checkbox"/> yes <input type="checkbox"/> no		
Comments							
Special Education Disability <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Blind/visually impaired <input type="checkbox"/> Physically/health impaired <input type="checkbox"/> DCD: severe/profound <input type="checkbox"/> DCD: mild/moderate <input type="checkbox"/> EBD <input type="checkbox"/> Autism spectrum disorders <input type="checkbox"/> ECSE <input type="checkbox"/> Specific learning disability <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Speech/language <input type="checkbox"/> Other (specify) _____ Special condition <input type="checkbox"/> Individual Health Plan (attach copy) <input type="checkbox"/> Nurse riding with student		Medical <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Diabetic <input type="checkbox"/> Hemophiliac <input type="checkbox"/> Nonverbal <input type="checkbox"/> Spina bifida <input type="checkbox"/> Respiratory, type _____ <input type="checkbox"/> Seizure, type _____ <input type="checkbox"/> Temporary injury, type _____ <input type="checkbox"/> Other _____		Assistive equipment <input type="checkbox"/> Electric wheelchair <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Braces <input type="checkbox"/> Walker/crutches <input type="checkbox"/> Oxygen/respirator <input type="checkbox"/> Torso restraint <input type="checkbox"/> Carseat (built in) <input type="checkbox"/> Height _____ <input type="checkbox"/> Weight _____ <input type="checkbox"/> Carseat (regular) <input type="checkbox"/> Height _____ <input type="checkbox"/> Weight _____		Method of Transfer Home School _____ _____ Hand-to-hand transfer Parent or other adult must meet the bus at the curb and either carry or walk the student to the house as needed. ALL ECSE STUDENTS MUST BE MET AT THE DOOR OF THE BUS. _____ _____ Eye-to-eye transfer Driver or chaperone will have eye to eye contact with parent or other adult before releasing student. Not applicable to ECSE students. _____ _____ Independent transfer Student is allowed to enter the house alone. Not applicable to ECSE students.	

If the student has specific transportation needs due to medical, behavior, etc., the Special Education Transportation Plan on back page must be completed.

Emergency information			
Emergency contact (other than parent) _____			
Home phone _____		Work phone _____ Relationship to student _____	
Name of neighbor student can be left with _____			
Neighbor's address _____		Phone _____	
Physician & clinic _____		Phone _____ Hospital (preference) _____	

Transportation use only			
Date received _____		Requested start date _____	
Pick-up bus _____ Time _____		Drop bus _____ Time _____	
Stop ID _____		Stop ID _____	
Run ID _____		Run ID _____	

(continued on back page)

Special Education Transportation Plan

Explain medical conditions/disability including behaviors, toileting needs, sensory issues, etc. that would impact the student during transit:

Considerations for the Bus Intervention Plan:

- An alternative plan should be in place if the student is physically aggressive when it is time to board the bus.
- Plan should include options for the driver/aide if the student becomes a danger to self or others while in transit, if appropriate.
- Adaptation page of IEP **must** be attached to this page.

BUS INTERVENTION PLAN: Detail intervention strategies used in school setting or recommended for the bus to address the needs identified above (i.e. student prefers shoes off, sitting in the front/back seats, not seated by certain students, allowed to have certain items on the bus such as headsets, book, toy, etc.).

Date	Driver/Aide Notes	Staff Initials