

Transportation Plan

Student's Picture

Bus Driver: Bus #

Student:

Address <input type="text"/>		Home Telephone <input type="text"/>	
School <input type="text"/>		Grade <input type="text"/>	
Parent/Guardian Name <input type="text"/>		Work Telephone (Father) <input type="text"/>	Work Telephone (Mother) <input type="text"/>
Receives Medication Yes <input type="checkbox"/> No <input type="checkbox"/>		Possible Side Effects <input type="text"/>	
Method of Mobility <input type="text"/>		Method of Communication <input type="text"/>	
Student Care Provider <input type="text"/>		Emergency Drop-off Site <input type="text"/>	
Address <input type="text"/>		Telephone <input type="text"/>	

I. Transportation Staff Training

Describe Training:

Date training completed:

II. Adaptations/Accommodations Required Yes No

<input type="checkbox"/> Bus Lift <input type="checkbox"/> Seat Belt <input type="checkbox"/> Wheelchair Tie-Downs	<input type="checkbox"/> Chest Harness <input type="checkbox"/> Booster Seat <input type="checkbox"/> Other <input type="text"/>	Walks to and from bus Yes <input type="checkbox"/> No <input type="checkbox"/> Walks up and down stairs Yes <input type="checkbox"/> No <input type="checkbox"/>
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Transportation Plan (Continued)

Identify equipment that must be transported on the bus and method of securing (including oxygen, life-sustaining equipment, wheelchair equipment, communication device).

III. Positioning or Handling Requirements Yes No

IV. Behavior Considerations Yes No

Describe

V. Student Specific Emergency Procedure

IF YOU SEE THIS	DO THIS

VI. Student Specific Emergency Procedure

Attach a copy of student's Emergency Procedures Plan, as appropriate.