



e-IEP PRO Transportation Form

Special Education Transportation Form

Navigation icons: Student Profile, Meeting Notices, Prior Written Notices, Evaluation MET, IEP Designer, Reporting.

Active Student: **ELEMENTARY, ELLA** Group Code: **TRN**
IEPs Expired (System-Wide): **17** In-Force IEPs Not Locked (System-Wide): **25**

Student Search: -OR- Enter Student ID

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Transportation Forms are located in the Miscellaneous Forms module

Click on "Add New Form"

MISCELLANEOUS FORMS
ELEMENTARY, ELLA - EL123

Delete	Copy	Date of Form	Form Type	Print Lock	Log
	+ Add New Form				

Select "Special Needs Transportation (Versatrans V2)" from the dropdown menu. Click "Add New Form"

Student Name: **ELEMENTARY, ELLA**
Student ID: **EL123**
Group Code: **TRN**
Form Type: **Special Needs Transportation (Versatrans V2)**

This option will create a new form for this student as selected above. Select the "Add New Form" button below to proceed. To cancel, return to the Misc. Forms Selection screen.

Add New Form

VERSATRANS TRANSPORTATION REQUEST

Form Created On: 01/09/2024 

Requested Start Date: 

For School Year:

End Date: 

Type of Transportation:

District Specialized Transportation

Other:

Primary Language:

Daily Start Time:

Daily Release Time:

School/Teacher Contact:

Teacher Email:

Attending School:

State Student ID: 87654321

Student Gender: Male

Student Last Name: Elementary

Student First Name: Ella Middle:

Student DOB: 11/10/2011 

Student Grade: 5

Home Address 1: 3321 W. School Ln

Home Address 2: City AZ 85225

Home Apt Number:

Home Phone: 480-111-1112

Parent Email:

Mobile/Work Phone:

Emergency Contact 1: Mr. Elementary

Emergency Phone 1:

Emergency Contact 2:

Emergency Phone 2:

Pickup Address 1: 3321 W. School Ln

Pickup Address 2: City AZ 85225

Pickup Apt Number:

Dropoff Address 1: 3321 W. School Ln

Dropoff Address 2: City AZ 85225

Dropoff Apt Number:

Parent/guardian verification of pick up and drop off address:

- “For School Year” – enter the corresponding year this form is for
- “Requested Start and End Dates” – must be accurate

➤ **STUDENTS MUST HAVE A CONSISTENT A.M. AND P.M. DROP-OFF LOCATION**

➤ **MORNING AND AFTERNOON LOCATIONS MAY DIFFER, IF CONSISTENT**

TYPE OF TRANSPORTATION SERVICE REQUIRED: (Selected Ones Will Print)

- Assigned Stop:** The student is able to walk or operate their mobility assistance device from their residence to the closest neighborhood bus stop on a special needs bus route.

Parada Asignada: El estudiante es asignado una ruta de autobús de las necesidades especiales. El estudiante puede caminar o operar su dispositivo de movilidad de su residencia a una parada de autobús que sea segura.

- Curb to Curb:** The student is assigned to a special needs bus route. The student is able to walk or operate their mobility assistance device from their residence to a curbside bus stop located as close to the residence as is safely possible. **The student is able to move between the pick up/drop off point and the residence independently. Students may be picked up and dropped off at this point without a parent or guardian present.**

Curva a Curva: El estudiante es asignado una ruta de autobús de las necesidades especiales. El estudiante puede caminar o operar su dispositivo de movilidad de su residencia a una parada de autobús que sea segura. **El estudiante puede moverse de donde lo recogen a donde lo dejan independientemente. Los estudiantes pueden ser recogidos y dejados en este punto sin el presente del padre o de una guardia.**

- Special Handling:** The student is assigned to a special needs bus route. The student requires assistance in moving between the residence and the bus. The curbside bus stop will be located as close as is safely possible to the residence. **It is the responsibility of the parent/guardian or other authorized person to be present to assist the student between the residence and the bus.**

Manejo Especial: El estudiantes es asignado una ruta de autobús de las necesidades especiales. El estudiante requiere ayuda en la mudanza entre la residencia y el autobús. La parada del autobús será localizada lo mas cerca y segura posible a la residencia. **Es la responsabilidad del padre/guardia o perona autorizada estar presente para asistir al estudiante de la residencia al autobús.**

Choose the type of transportation service that the team determined is needed during the IEP meeting

← Curb to Curb

OR

← Special Handling

Special Transportation Needs:

WHEELCHAIR CAR SEAT / BOOSTER SEAT SEAT BELT

HARNESS / SAFETY VEST BUS AIDE OTHER

STUDENT WEIGHT:

(To determine legal requirements for carseat/harness use.)

Useful information about the student you would like your bus driver to know:

Special Instructions:

Instrucciones Especiales: ¿Qué es lo que debemos estar al pendiente, que nos deje saber la duración, la frecuencia, y signos de los ataques epilépticos?

Additional Comments / Comentarios Adicionales:

Rationale for Personnel to Assist:

Physician Name and Number:

Allergies:

Medications:

Campus SpEd Representative:

School:

Approved by District SpEd Representative:

Transportation Services on IEP Dated:

Date: 

Date: 

“Special Transportation Needs” – select what is needed as discussed in the IEP meeting and documented on Form I2

“Student Condition” – select what is needed as discussed in the IEP meeting

“Special Instructions” section: Fill out to include individual data as needed

LOCK THE FORM ONCE IT IS FULLY FILLED OUT

*This will cue Transportation that a new form is ready for review

Fill out all sections