

# PORTLAND PUBLIC SCHOOLS SPECIAL EDUCATION TRANSPORTATION REQUEST

Updated 4/5/17

**Please note:**

- 1) Transportation must be on IEP and posted in Synergy SE
- 2) Requested Start Date needs to be after intake date.
- 3) Transportation needs 7-10 days from application date before Requested Start Date.

**\* Are required fields**

**Form Type**

Add  
Remove  
Change

**\*Program**

Pioneer  
Social Emotional - SES  
Communication Behavior - CB  
Intensive Skills - ISC  
Learning Center - LC  
Other - Note in comments

**Requested Start Date**

**End Date**

**\*Primary Site - School**

**\*Submitted by**

**\*Email**

**\*Date Submitted**

Others to Notify (E-mail address) - If PPS use names not email addresses

Special Instructions, Overview or Comments

**\*Student ID**

**\*Student First Name**

**\*Student Last Name**

**\*Home Address**

Date of Birth

City

Zip Code

Grade

### \*SPED Primary Disability Code

10 Intellectual Disability	70 Orthopedic Impairment
20 Hearing Impairment	74 Traumatic Brain Injury
40 Visual Impairment	80 Other Health Impairment
43 Deaf/blindness	82 Autism Spectrum Disorder
50 Communication Disorder	90 Specific Learning Disability
55 SE Evaluation	96 Developmental Delay
60 Emotional Disturbance	97 Not Disabled

### \*Aide/Nurse Management

No student aide or nurse required  
Aide MUST ride to transport (IEP documentation required)  
Nurse MUST ride to transport (IEP documentation required)  
Aide MAY ride, but NOT required  
Nurse MAY ride but NOT required

### Student Seating Management

Must sit in view of driver (IEP documentation required)  
Must ride alone (IEP documentation required)  
Cannot sit with others  
Must be loaded to minimize contact with others

### \*Onboard Mobility Equipment

None needed  
Standard manual wheelchair  
Motorized wheelchair  
Motorized pony  
Walker  
Crutches  
Knee scooter

### Mobility Equipment Notes

### Additional Mobility Equipment

None needed  
Folding storable wheelchair  
Wheelchair seat belt extension  
Slider board  
Oxygen tank  
Service animal (IEP documentation required)

### \*Loading/Unloading Mobility Equipment

None needed  
Walker  
Crutches  
Gait Belt  
Step stool  
Oxygen Handling

### Loading Equipment Notes

**\*End of School Day Drop-off**

- Must be met by responsible party
- May be left alone (Release form required)
- Must be met with visual confirmation of responsible party (Release form required)

**\*Safety Support System Type**

- Not necessary
- To be determined
- Needed, standard (IEP documentation required)
- Needed, custom (IEP documentation required)

**Safety Support System Accessories Needed Notes**

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**Safety Support System Size**

Please complete equipment measurement form found at <http://www.pps.net/Page/179>

**Additional Seat Needed**

- XXSmall
- XSmall
- Small
- Small Medium
- Medium
- Medium Large
- Large
- XLarge
- XXLarge
- Custom Order
- Measurement to be completed

- Car Seat
- Infant Car Seat
- Custom Order
- To be determined

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**\*Medical Protocol**

- None
- Generic Medical Protocol
- Specific Medical Protocol

**\*Buckle Guard**

- None
- Needed
- To be determined

Please email [Transportation@pps.net](mailto:Transportation@pps.net) the Specific Medical Protocol details

**Home/School Trip - To School** - Bell time

M T W T F S S

**\*Pick-up Address**

Notes:

**School/Home Trip - From School** - Bell time

M T W T F S S

**\*Drop-off Address**

Notes:

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**\*Parent/Guardian Details#1**

First Name

Last Name

Email

Primary Phone

Type

Secondary Phone

Type

Cell

Cell

Home

Home

Work

Work

**\*Emergency Contact Name**

Emergency Contact  
Phone

Type

Cell

Home

Work

**Parent/Guardian Details #2**

First name

Last Name

Email

Primary Phone

Type

Secondary Phone

Type

Cell

Cell

Home

Home

Work

Work

Emergency Contact Name

Emergency Contact  
Phone

Type

Cell

Home

Work

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## Care Provider

### Before School

Organization

Contact First Name

Contact Last Name

Site Phone Number

Back-up Cell Number

### After School

Organization

Contact First Name

Contact Last Name

Site Phone number

Back-up Cell Number

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## Other Stops

### From

Days of the  
week

M

T

W

Th

F

Location

Time

Address

Notes

### To

Location

Time

Address

Notes

When completed this form needs to be printed, scanned & emailed to:

**PIONEER** - Jeannie Curtis (K-8) [jcurtis@pps.net](mailto:jcurtis@pps.net) Sally Lawson (HS) [slawson@pps.net](mailto:slawson@pps.net)

**SPED** - Karrin Garrison [karring@pps.net](mailto:karring@pps.net)

**DART** - Rene Vilorio [rvilorio@pps.net](mailto:rvilorio@pps.net)

**TEEN PARENT** - LaToya Govan [lgovan@pps.net](mailto:lgovan@pps.net)

**TITLE X** - Marti Heard [mheard@pps.net](mailto:mheard@pps.net)

**CTP** - Becky Stewart [bstewart@pps.net](mailto:bstewart@pps.net)