

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Days suspended from bus: \_\_\_\_\_

|                          |                                                                     |
|--------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> | Teacher Assistant assigned to bus                                   |
| <input type="checkbox"/> | Safety restraint (harness) provided                                 |
| <input type="checkbox"/> | In-school suspension to be used as an alternative to bus suspension |
| <input type="checkbox"/> | Behavior management plan designed for bus (attached)                |
| <input type="checkbox"/> | Student referred for reevaluation                                   |
| <input type="checkbox"/> | Other (specify): _____                                              |

Review Dates / Changes (refer to additional IEP Addendum pages for signatures of IEP team for each meeting):