COLORADO
Department of Education

Transporting Students with Special Needs Guide

2026-2027

Colorado Department of Education
School Transportation Unit | 201 E Colfax Ave., Denver, CO 80203
www.ed.cde.state.co.us/transportation

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INTRODUCTION

The Colorado Department of Education (CDE) School Transportation Unit issues this guide to help educational entities develop and implement safe, consistent, and student-centered transportation practices for students with disabilities and other specialized transportation needs. It brings together applicable legal requirements, operational considerations, industry guidance, and recommended practices for transportation administrators, operators, bus attendants, school nurses, special education personnel, related-service providers, and other members of the student support team.

The guide is intended as an operational reference. It does not replace federal or state law, CDE rules, local board policy, manufacturer instructions, professional medical judgment, or decisions made by an Individualized Education Program (IEP) or § 504 team. When requirements differ, educational entities should follow the controlling authority and consult appropriate administrative, legal, medical, or special education personnel.

Safe transportation depends on individualized planning, timely communication, properly selected equipment, documented staff training, and consistent implementation. Readers should use the guide by topic and cross-reference related sections when a student's transportation plan involves more than one operational area.

This book was revised by the CDE School Transportation Unit with assistance from the CSPTA Special Needs Committee. NAPT, NHTSA, FMCSA, and the National Congress on School Transportation also provided additional information and assistance.

Some information in this manual was taken from the earlier version (2023), as those sections required no updates.

HOW TO USE THIS GUIDE

This guide is an operational reference for planning and delivering safe, equitable transportation for students with disabilities and other specialized transportation needs. It supports, rather than replaces, individualized decisions by an IEP or § 504 team, McKinney-Vento Liaisons, licensed health professionals, district policy, manufacturer instructions, and controlling law.

Start with the student, not the diagnosis.
Identify the functional transportation need, document the required support, assign responsibility, train the people who will perform the support, and verify readiness before service begins.

Audience Pathways

If you are…	Begin with…	Then use…
Transportation supervisor or dispatcher	Sections 2 and 4	Sections 3, 5, 6, 9, and the forms in Section 14
Operator or bus attendant	Student transportation plan and Section 5	Sections 3, 6, 7, 8, 9, and applicable quick-reference cards
IEP/504 team member or case manager	Sections 1, 2, and 4	Sections 3, 7, 8, 9, 10, and 11 as relevant
School nurse or health designee	Sections 4 and 7	Sections 5, 6, 9, and the health action-plan template
Parent or guardian	Introduction and Sections 4 and 6	The student-specific sections that apply to the child
Trainer or compliance reviewer	Sections 1, 2, and 5	Sections 13 and 14 for source and document control

Five-Step Use Cycle

1. INTAKE: Gather only information necessary to plan transportation; identify the decision-making team and target service date.
2. PLAN: Convert student needs into clear, observable transportation supports, equipment, staffing, communication, and emergency actions.
3. READY: Confirm the route, vehicle, equipment, trained staff, substitute access, family/school handoff, and required approvals.

4. IMPLEMENT: Follow the current student transportation plan consistently while protecting confidentiality and documenting relevant events.
5. REVIEW: Revisit the plan after changes, incidents, new equipment, health updates, or at the scheduled review date.

Quick-Reference Index

Need	Go to
Legal authority and decision hierarchy	Sections 1–2
CSRS, mobility devices, securement, oxygen, and equipment	Section 3
Intake, routing, service start, and handoff	Section 4
Staff competency and substitute coverage	Section 5
Communication	Section 6
Health action plans and emergency thresholds	Section 7
Behavior prevention, restraint, and post-event review	Section 8
Evacuation planning and drills	Section 9
Preschool decision process	Section 10
Service animals	Section 11
Q&A	Section 12
Verified sources and publication control	Sections 13–14

Using the Templates

- Use a clean copy for each student, route, training event, or drill. Do not write confidential student information in a shared master copy.
- A checkbox documents that a step was addressed; it does not substitute for professional judgment, required approval, or a student-specific plan.
- Store completed records in the district's approved system according to records-retention and confidentiality requirements.
- When district forms conflict with this guide, stop and resolve the difference through the district's designated program owner before implementation.

ACKNOWLEDGMENTS

Sincere appreciation and thanks are extended to the dedicated members of the Colorado State Pupil Transportation Association (CSPTA) Special Needs Committee for their commitment, hard work, stamina, and encouragement during the revision of these guidelines.

The CDE School Transportation Unit developed these guidelines with the assistance of an exceptional group of educators, including school nurses, transportation supervisors, schedulers, and trainers.

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Terminology note: References to an educational entity in this guide include Colorado public school districts, charter schools, Boards of Cooperative Educational Services (BOCES), and service providers when applicable.

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SECTION 1
TRANSPORTATION LEGISLATION

OVERVIEW

This section summarizes federal and Colorado statutory mandates governing specialized school transportation. § 504 of the Rehabilitation Act requires non-discriminatory transportation access, while the Individuals with Disabilities Education Act (IDEA) mandates transportation as a related service when necessary for a student to access a Free Appropriate Public Education (FAPE).

FEDERAL LEGISLATION

U.S. Constitution – 14th Amendment

Purpose:

The 14th Amendment requires states to provide due process and equal protection under the law. In public education, this principle supports the requirement that students be treated fairly and not denied access to school programs or services based on disability or other protected status.

Transportation Application:

School transportation is often part of a student's access to education. Transportation staff should understand that decisions about routes, equipment, assistance, discipline, and service delivery must be made fairly, consistently, and based on the student's individual needs.

Required Action:

Educational entities must ensure that transportation decisions do not exclude, separate, or treat students differently without a lawful and educationally appropriate reason. When a student requires specialized transportation, the decision should be supported by the appropriate student plan, team determination, or documented need.

Operational Note:

Transportation staff do not determine constitutional rights, but their daily decisions can affect whether a student has meaningful access to school. Refer concerns about unequal treatment, denial of service, or inconsistent application of transportation procedures to the appropriate administrator, special education representative, § 504 coordinator, or legal counsel.

Americans with Disabilities Act (Public Law 101-336)

Purpose:

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against individuals with disabilities. It applies to public agencies, including public schools, and requires equal access to programs, services, and activities.

Transportation Application:

School transportation may be part of a student's access to school programs and services. Transportation staff should understand that students with disabilities must be provided an equal opportunity to access transportation services when the educational entity offers them. The ADA works alongside § 504 and IDEA and does not reduce or replace the protections those laws provide.

Required Action:

Educational entities must ensure that transportation services, procedures, and decisions do not discriminate against students with disabilities. When transportation is provided, the educational entity must consider whether reasonable modifications, accessible equipment, specialized procedures, or other supports are necessary to provide meaningful access.

Operational Note:

The ADA regulations exempt school buses from some public transportation requirements, but the nondiscrimination principles still apply to school transportation services. Transportation staff shall not deny or limit transportation based on disability.

ADA Amendments Act of 2008

Purpose:

The ADA Amendments Act of 2008 clarified and broadened how disability is interpreted under the Americans with Disabilities Act and § 504 of the Rehabilitation Act. The law was intended to ensure that the definition of disability is applied broadly, rather than narrowly, when determining whether an individual is protected from discrimination.

Transportation Application:

Transportation staff do not determine whether a student qualifies under the ADA or § 504, but they may be asked to implement transportation support for students whose needs fall under these protections. The Amendments Act is important because a student may be protected even when the disability is not always obvious, is managed with medication or equipment, or occurs only at certain times.

Required Action:

Educational entities must consider disability-related needs without relying only on how a student appears during a typical school day or bus ride. When determining whether a student has a disability, the educational entity generally may not reduce the significance of the impairment because the student uses medication, assistive technology, learned strategies, or other supports. Episodic or in-remission conditions may still qualify if they substantially limit a major life activity when active.

Operational Note:

Transportation personnel should focus on implementing the transportation plan or accommodation provided by the appropriate team. Staff should avoid making assumptions such

as “the student seems fine today” or “the student does not need support because the condition is controlled.” If a student’s transportation needs appear to change, staff should document the concern and refer it to the appropriate administrator, § 504 coordinator, special education representative, or school nurse for review.

The Amendments Act contains two non-exhaustive lists of major life activities. The list of major life activities in the ADA now includes, but is not limited to: (“Questions and Answers on the ADA Amendments Act of 2008 for ... - ed”)

Major Life Activities		
Caring for oneself	Bending	Standing
Performing manual tasks	Speaking	Lifting
Seeing	Breathing	Communicating
Hearing	Learning	Working
Eating	Reading	
Sleeping	Concentrating	
Walking	Thinking	

The Education for All Handicapped Children Act of 1975 (Public Law 94-142)

Purpose:

The Education for All Handicapped Children Act of 1975 was the foundation for what is now known as the Individuals with Disabilities Education Act (IDEA). The law established the right of children with disabilities to receive a Free Appropriate Public Education (FAPE), including special education and related services designed to meet their individual needs.

Transportation Application:

Transportation may be one of the related services a student needs in order to access school and benefit from special education. Transportation staff should understand that specialized transportation is not simply a convenience or a separate operational decision. When required by the student’s educational plan, transportation becomes part of the student’s access to FAPE.

Required Action:

Educational entities must identify and evaluate students who may need special education and related services. When transportation is necessary for a student to access their educational program, the appropriate educational team should consider the need and document it in the student’s plan. Transportation services must be based on the student’s individual needs and provided in a manner consistent with applicable federal and state requirements.

Operational Note:

This law also established the expectation that students with disabilities should be educated with peers without disabilities to the maximum extent appropriate (least restrictive environment). For transportation, this means the team should consider whether the student can be safely transported with peers before assigning a more restrictive or separate transportation arrangement. Specialized transportation may still be appropriate when required for safety, access, equipment, medical needs, behavior support, or the student's individual circumstances.

§ 504 of the Rehabilitation Act of 1973 (Public Law 93-112)

Purpose:

§ 504 is a federal civil rights law that prohibits discrimination against individuals with disabilities in programs or activities that receive federal financial assistance. Public schools, charter schools, and other educational entities that receive federal funds must provide students with disabilities equal access to educational programs and services.

§ 504 protects students who have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or are regarded as having such an impairment. Its definition of disability is broader than the eligibility categories under IDEA, which means a student may be protected under § 504 even if the student does not qualify for special education under IDEA.

Transportation Application:

Transportation may be necessary for a student with a disability to access school, participate in educational programs, or receive services comparable to peers without disabilities. § 504 may apply when a student needs accommodation, support, equipment, modified procedure, or transportation arrangement because of a disability.

Transportation concerns under § 504 may include access to transportation services, stop location, ride length, specialized equipment, assistance during loading or unloading, transportation costs to parents or guardians, loss of instructional time, behavior-related transportation removals, or other barriers that affect the student's ability to attend or participate in school.

Required Action:

Educational entities must provide transportation or transportation-related accommodations, as needed, to meet the needs of a qualified student with a disability as adequately as they meet the needs of students without disabilities. Decisions must be made on an individual basis and should be supported by the appropriate § 504 process, student plan, or team determination.

Transportation services and procedures must not exclude a student, deny meaningful access, impose unnecessary barriers, or treat the student differently solely because of disability. When transportation is required as part of a § 504 plan, the educational entity must ensure transportation staff receives the information needed to implement the plan safely and appropriately, consistent with student confidentiality requirements.

Operational Note:

Transportation staff does not determine § 504 eligibility. Their role is to implement the transportation supports, accommodations, and procedures established by the appropriate team. However, transportation staff are often the first to observe practical barriers, such as a student being unable to safely reach the bus stop, board the vehicle, tolerate the ride, use required equipment, or access school without additional support.

When transportation staff observe a concern that may affect access, safety, or equal treatment, they should document it and refer it to the appropriate supervisor, § 504 coordinator, special education representative, school nurse, or administrator. Transportation decisions should not be based on convenience, assumptions about the student's disability, or generalized practices. They should be based on the student's individual needs and the educational entity's legal obligation to provide equal access.

Individuals with Disabilities Education Act (IDEA)

Purpose:

The Individuals with Disabilities Education Act, commonly referred to as IDEA, is the federal law that governs special education and related services for eligible children with disabilities. IDEA requires educational entities to provide a Free Appropriate Public Education (FAPE) to eligible students through an appropriately developed Individualized Education Program (IEP).

IDEA does not require the same services for every student with a disability. Instead, it requires the IEP team to determine what special education, related services, supplementary aids, supports, and accommodations the individual student needs to access and benefit from their educational program.

Transportation Application:

IDEA identifies transportation as a related service when a student with a disability needs it to benefit from special education. This may include transportation to and from school, transportation between schools, travel in and around school buildings, specialized equipment, adapted vehicles, child safety restraint systems, lift-equipped vehicles, bus assistants, medical supports, behavior supports, or other transportation-related services required by the student's individual needs.

A student's IDEA eligibility does not automatically mean the student requires specialized transportation. Likewise, transportation should not be denied or removed when the IEP team has determined that it is necessary for the student to access FAPE. The IEP team must consider the need for transportation individually and document it through the IEP process.

Required Action:

Educational entities must ensure that transportation is considered when a student's disability, placement, program location, medical condition, behavior, equipment needs, age, safety needs, or access needs may affect the student's ability to get to school or participate in the educational program.

When transportation is included in the IEP as a related service, the educational entity must provide the service as written. The IEP should include enough information for transportation staff to implement the service safely and consistently. This may include the type of transportation required, equipment and securement needs, loading and unloading procedures, supervision requirements, medical or emergency considerations, behavior support information, pick-up and drop-off needs, and any other transportation-specific supports the student requires.

Transportation services must be based on the student's individual needs and may not be changed, suspended, reduced, or discontinued in a way that interferes with the student's access to FAPE without appropriate IEP team review.

Operational Note:

Transportation personnel do not determine IDEA eligibility and should not independently decide whether transportation is or is not required as a related service. The IEP team makes that determination. However, transportation staff play an important role in implementing the IEP and identifying transportation concerns that may need team review.

If a student's transportation needs appear to change, or if staff observe concerns involving safety, equipment, medical needs, behavior, ride tolerance, loading and unloading, or access to school, document and report those concerns through the appropriate district process. Transportation staff should receive the information they need to safely carry out the transportation portion of the IEP, consistent with confidentiality requirements.

IDEA Part B

Purpose:

IDEA Part B is the portion of the Individuals with Disabilities Education Act that governs special education and related services for eligible school-aged children with disabilities. Its purpose is to ensure that eligible students receive a Free Appropriate Public Education (FAPE) through an appropriately developed Individualized Education Program (IEP).

Under Part B, a student must be properly evaluated, meet one of the IDEA disability categories, and need special education and related services because of the disability. A disability alone does not automatically create eligibility under IDEA Part B.

Transportation Application:

Transportation may be required under IDEA Part B when it is necessary for the student to access and benefit from special education. This may include transportation to and from school, transportation between schools, travel in and around school buildings, specialized vehicles or equipment, loading and unloading assistance, child safety restraint systems, medical supports, behavior supports, or a bus assistant when required by the student's individual needs.

Part B is especially important for transportation because the IEP team's decisions may directly affect routing, vehicle assignment, equipment, staffing, emergency planning, pick-up and drop-off procedures, and communication with transportation personnel.

Required Action:

Educational entities must ensure that transportation is considered during the IEP process when a student's disability, placement, service location, mobility, medical needs, behavior, age, equipment, or safety needs may affect the student's ability to access school.

When transportation is included in the IEP as a related service, the educational entity must provide the service as written. The IEP should contain enough transportation-specific information for staff to implement the service safely and consistently. This may include equipment needs, supervision requirements, seating or securement information, emergency procedures, behavior supports, medical considerations, and any necessary assistance during loading, unloading, or travel.

Educational entities should also remember that a student who needs only transportation and does not need special education may not qualify under IDEA Part B. In that situation, the student's needs may need to be reviewed under § 504 or another applicable process.

Operational Note:

Transportation staff do not determine whether a student qualifies under IDEA Part B. That decision is made through the evaluation and IEP process. However, transportation staff are often the first to notice whether the transportation plan is working in practice.

If staff observe concerns about safety, ride tolerance, equipment, securement, behavior, medical needs, loading and unloading, or access to the assigned program, they should document those concerns and share them with the appropriate transportation supervisor, special education representative, school nurse, or IEP team contact. Transportation should not independently change, reduce, or discontinue a transportation service that is written into the IEP without appropriate review.

Part B defines a "child with a disability" as,

> (1) ***Child with a disability*** means a child evaluated in accordance with §§ 300.304 through 300.311 as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.
>
> (2)
>
> (i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under §§ 300.304 through 300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.
>
> (ii) If, consistent with § 300.39(a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child would be determined to be a child with a disability under paragraph (a)(1) of this section.

IDEA Part C

Purpose:

IDEA Part C addresses early intervention services for infants and toddlers with disabilities, generally from birth until the child's third birthday. These services support

the child's developmental needs and help the family access appropriate early intervention supports.

Unlike IDEA Part B, which focuses on school-age special education and the Individualized Education Program (IEP), Part C services are documented in an Individualized Family Service Plan (IFSP). The IFSP identifies the child's needs, the family's priorities and concerns, the early intervention services to be provided, and the supports necessary for the child and family to access those services.

Transportation Application:

Transportation under Part C may be included when travel or related expenses are necessary for an eligible child and the child's family to receive early intervention services. This may include mileage, taxi fare, common carrier fare, parking, tolls, or other transportation-related costs necessary to access the services identified in the IFSP.

Part C transportation should not be treated as identical to school-age transportation under Part B. However, when an infant or toddler is transported in a school transportation vehicle, carefully consider the student's age, size, medical condition, developmental level, supervision needs, equipment, and emergency procedures before transportation begins.

Required Action:

When transportation is necessary for a child and family to access early intervention services, consider the need through the IFSP process and document it in the IFSP. The responsible agency or educational partner, when involved, must ensure transportation arrangements align with the child's documented needs and the services identified in the IFSP.

If school transportation personnel are asked to transport an infant or toddler, the transportation department should receive enough information to determine whether it can provide the service safely. This may include information about child safety restraint systems, medical stability, supervision, specialized equipment, emergency procedures, loading and unloading, ride length, and staff training needs.

Operational Note:

Include transportation personnel in IFSP discussions when transportation is being considered or when the child has needs that may affect safe transport. This is especially important for very young children with medical, orthopedic, respiratory, behavioral, or developmental concerns.

Before transportation begins, the team should address whether the child is medically stable for transport, what type of child safety restraint system is appropriate, whether specialized equipment is needed, what level of supervision is required, how emergencies will be handled, and whether the ride length or vehicle environment could place the child at risk.

As the child approaches age three and transitions from Part C to Part B, review transportation needs again. The transportation arrangement that supported early intervention services may not be the same as the one needed once the child begins preschool special education services under an IEP.

Free Appropriate Public Education (FAPE)

Purpose:

Free Appropriate Public Education, commonly referred to as FAPE, is a central requirement of the Individuals with Disabilities Education Act. FAPE means that an eligible student with a disability must receive special education and related services that are provided at no cost to the parent or guardian, are designed to meet the student's individual needs, and are delivered through an appropriately developed Individualized Education Program (IEP).

FAPE does not require the same services for every student. It requires services that are reasonably designed to allow the individual student to access and benefit from their educational program.

Transportation Application:

Transportation may be necessary for a student to access FAPE when the student cannot get to school, travel between schools, move safely in and around school buildings, or participate in the assigned educational program without transportation support.

When transportation is required for FAPE, it is not simply a convenience or a general transportation service. It becomes part of the student's access to education. This may involve specialized routing, a lift-equipped vehicle, a child safety restraint system, wheelchair securement, a bus assistant, medical support, behavior support, a modified pick-up or drop-off procedure, or another transportation arrangement based on the student's individual needs.

Required Action:

Educational entities must consider transportation when a student's disability, placement, service location, medical needs, mobility, behavior, age, equipment, or safety needs may affect the student's ability to access their educational program.

If the student needs transportation to receive FAPE, the IEP process must address the need, and the IEP must document it. The educational entity must then provide transportation as written and ensure that transportation staff has the information necessary to implement the service safely and consistently.

Transportation services that are required for FAPE should not be changed, reduced, suspended, or discontinued without appropriate review. If the transportation arrangement is no longer working or the student's needs change, refer the concern back to the appropriate team for review.

Operational Note:

Transportation staff do not determine whether a student is receiving FAPE. The IEP team makes that determination and, when disputed, it may involve administrative or legal review. However, transportation staff play a direct role in carrying out the transportation portion of the IEP.

Staff should report concerns that may interfere with the student's access to school, such as repeated late arrivals, missed services, unsafe loading or unloading, equipment concerns, medical issues during transport, behavior that affects safety, excessive ride time, or a transportation plan that cannot be implemented as written. Document these concerns and share them through the appropriate district process so the team can determine whether changes are needed.

General Education Provisions Act (GEPA) – Section 444

Purpose:

Section 444 of the General Education Provisions Act establishes the Family Educational Rights and Privacy Act, commonly known as FERPA. This law protects the privacy of student education records and gives parents, guardians, and eligible students certain rights to access those records.

Transportation Application:

Transportation departments may receive or maintain student information that is protected as part of the student's education record. This may include route information, transportation plans, emergency contacts, disability-related transportation needs, behavior information, medical considerations, or other student-specific information needed to provide safe and appropriate transportation.

Transportation staff should understand that student information is not general workplace information. Handle it carefully and share it only with individuals who have a legitimate educational need to know.

Required Action:

Educational entities that receive federal funds must protect student education records, provide access to those records as required by law, and limit disclosure of personally identifiable student information unless an exception applies.

Transportation personnel, contractors, bus drivers, bus attendants, dispatchers, routers, and supervisors may receive student information as needed to perform their assigned duties. The educational entity must ensure that information is shared in a manner consistent with FERPA, district policy, and student confidentiality requirements.

Operational Note:

Transportation staff should receive enough information to transport the student safely, but not more information than is necessary for their role. For example, staff may need to know that a student has a seizure plan, requires a specific restraint system, has a behavior intervention plan, or must be released only to an approved adult. They do not need unrelated educational, medical, or family information that does not affect transportation.

When in doubt, staff should not guess about whether information may be shared. Refer questions about student records, parent requests, video access, transportation documentation, or disclosure of student information to the transportation supervisor, records custodian, special education representative, FERPA contact, or district administrator.

Family Educational Rights and Privacy Act (FERPA)

Purpose:

The Family Educational Rights and Privacy Act, commonly referred to as FERPA, is a federal law that protects the privacy of student education records. FERPA gives parents, guardians, and eligible students rights to access education records and limits when schools may disclose personally identifiable student information to others.

FERPA does not prohibit schools from sharing necessary student information with appropriate school officials. Instead, it requires educational entities to control how they maintain, access, use, and disclose student information.

Transportation Application:

Transportation departments often receive student information that is protected under FERPA. This includes disability-related transportation needs, IEP or § 504 transportation information, behavior support information, medical considerations,

incident reports, video footage, parent communication, and specialized equipment or securement requirements.

Transportation personnel may need access to this information to transport a student safely and appropriately. FERPA allows sharing student information with school officials who have a legitimate educational interest. This may include transportation directors, routers, dispatchers, drivers, bus attendants, mechanics with a need-to-know, contractors, nurses, special education staff, administrators, and other personnel responsible for student safety and service delivery.

FERPA should not be used as a reason to withhold information that transportation staff needs to safely implement a student's transportation plan. At the same time, transportation staff should not receive or share student information that is unrelated to their assigned duties.

Required Action:

Educational entities must protect student education records and personally identifiable information. Student information may only be accessed, used, or disclosed as allowed by FERPA, state law, district policy, or written parent or guardian consent.

When transportation staff needs student information to perform their job duties, the educational entity must ensure the information is shared through an appropriate process. The information should be limited to what staff needs in order to safely and consistently provide transportation.

For specialized transportation, this may include information such as:

- whether the student requires a specific vehicle, seat, restraint, wheelchair securement, or child safety restraint system;
- whether a bus assistant, nurse, or trained staff member is required;
- medical or emergency information necessary during transport;
- behavior support information needed to prevent or respond to unsafe conduct;
- authorized pick-up or drop-off information;
- communication needs;
- evacuation assistance needs;
- restrictions or precautions that directly affect transportation.

Educational entities must also ensure that contractors and outside transportation providers who receive protected student information are subject to confidentiality expectations and use the information only to provide assigned services.

Operational Note:

FERPA is a confidentiality law, not a silence law. Transportation staff can and shall receive the information they need to safely transport a student. The key question is not "Can transportation know anything?" The correct question is, "Who needs to know this information to perform their job, and how much information do they need?"

Transportation staff should avoid discussing student information in public areas, on open radio channels, with unauthorized employees, with other parents, or with students. Staff should also avoid leaving route sheets, medical information, IEP transportation pages, seating charts, or incident documents where people without a legitimate need to know can view them.

If a parent, guardian, outside agency, law enforcement officer, attorney, advocate, or other third party requests student transportation information, staff should not release it on their own. Refer the request to the transportation supervisor, records custodian, district administrator, special education representative, or other designated official.

Staff must respect both student safety and confidentiality. When there is an immediate health or safety concern, staff may need to share information quickly with the people responsible for protecting the student or others. After the situation is stabilized, staff should document what was shared, with whom, and why, in accordance with local procedure.

Individualized Education Program (IEP)

Purpose:

An Individualized Education Program, commonly referred to as an IEP, is the written document that identifies the special education, related services, supplementary aids and services, supports, accommodations, and program modifications required for an eligible student with a disability.

The IEP team develops the IEP based on the student's individual needs. It must address the student's present levels of academic achievement and functional performance; measurable annual goals; the services and supports to be provided; how progress will be measured; and the projected start date, frequency, location, and duration of those services.

For students of transition age, the IEP may also include transition services, such as transportation, when needed to help the student reach postsecondary goals.

Transportation Application:

Transportation may be included in the IEP when it is necessary for the student to access school, benefit from special education, participate in services, or safely travel to and from the educational program.

When transportation is included in the IEP, it becomes part of the student's educational program. This may affect vehicle assignment, route design, pick-up and drop-off location, ride time, loading and unloading procedures, seating, securement, child safety restraint systems, wheelchair equipment, medical supports, behavior supports, communication needs, bus assistant assignment, evacuation planning, and staff training.

The IEP should provide enough transportation-specific information for transportation staff to implement the service safely and consistently. A general statement such as "special transportation" may not be enough when the student requires specific equipment, staffing, medical support, behavioral support, or specialized procedures.

Required Action:

Educational entities must consider transportation needs during the IEP process when the student's disability, placement, service location, age, mobility, medical condition, behavior, equipment, communication needs, or safety needs may affect transportation.

When transportation is required, the IEP should clearly identify the transportation service to be implemented. Depending on the student's needs, this may include:

- whether transportation is required as a related service;
- whether specialized transportation is required;
- the type of vehicle or equipment needed;
- whether a lift, ramp, wheelchair securement, CSRS, harness, vest, or other equipment is required;
- whether a bus assistant, nurse, or trained staff member is required;
- loading and unloading procedures;
- pick-up and drop-off requirements;
- medical or emergency information needed during transport;
- behavior supports or safety procedures;
- communication needs;
- evacuation assistance needs;

- any restrictions, precautions, or individualized procedures needed for safe transportation.

Once transportation is written into the IEP, the educational entity must provide the service as written. Do not change, reduce, suspend, or discontinue transportation services in a way that affects the student's access to the educational program without appropriate IEP team review.

Operational Note:

Transportation staff do not determine whether a student qualifies for an IEP or requires transportation as a related service. The IEP team makes that decision. However, transportation staff play an important role because they can assess whether the transportation plan can be implemented safely in practice.

Include transportation personnel in IEP discussions when the student's needs involve specialized equipment, wheelchair securement, medical supports, behavior concerns, unusual pick-up or drop-off procedures, significant ride time concerns, evacuation assistance, or staffing needs.

If transportation staff observe that the IEP transportation plan is unclear, unsafe, incomplete, or not working as written, they should document the concern and refer it to the appropriate transportation supervisor, special education representative, school nurse, administrator, or IEP team contact. Transportation should not make informal changes to an IEP-required service without review through the proper process.

Transportation as a Related Service

Purpose:

Transportation may be provided as a related service under IDEA when it is necessary for a student with a disability to benefit from special education. It is not automatically required for every student with an IEP. The need for transportation must be determined individually, based on the student's disability-related needs and access to the educational program.

Transportation as a related service may include travel to and from school, travel between schools, travel in and around school buildings, and specialized equipment or supports needed for safe and appropriate transportation.

Transportation Application:

Transportation becomes a related service when the student cannot access the educational program without transportation support. This may occur when the student's

disability affects mobility, safety, medical stability, behavior, communication, supervision, equipment needs, or the ability to travel to the assigned school or service location.

A student may also require transportation as a related service when assigned to a school or program outside the neighborhood school to receive special education or related services.

Required Action:

The IEP team must determine whether transportation is required as a related service. If transportation is required, the team must document the decision clearly enough for the educational entity to provide the service.

Educational entities must provide transportation as written when it is included in the IEP. Transportation should not be changed, reduced, suspended, or discontinued in a way that affects the student's access to the educational program without appropriate review.

Operational Note:

Transportation staff should not be expected to interpret vague language such as "special transportation" without clarification. If the transportation need is unclear, or if the service cannot be safely implemented as written, transportation staff should refer the concern through the appropriate special education or administrative process.

Transportation staff helps determine whether the transportation plan can be carried out safely in actual operation. Document and share concerns involving route feasibility, equipment, securement, staffing, ride time, loading and unloading, behavior, medical needs, or evacuation with the appropriate team contact.

Individualized Education Program Team (IEP Team)

This team may be composed of:

- The child, whenever appropriate
- The parent/guardians
- At least one regular education teacher (if appropriate)
- At least one special education teacher or provider
- A representative of the local educational agency who meets the qualifications set forth in the IEP regulations.
- An individual who can interpret evaluation results (i.e., Physical Therapist, Psychologist)

At the discretion of the parent or the agency, other individuals with knowledge or special expertise regarding the child, including, as appropriate, related services personnel. ("eCFR: 34 CFR 300.321 -- IEP Team.")

Based on the student's eligibility determination, specific professionals may be required to assist in developing the IEP.

Table 1: IEP Team Composition

Team Participants	Initial/ Eligibility	Annual Review	Re-evaluation	Transition
Parent	E	E	E	E
General Education Teacher (if student is or may be receiving services in general education classroom)	R	R	R	R
Special Education Teacher (or Speech Pathologist if child is receiving only speech and language)	R	R	R	R
Individual who can interpret the results of evaluation(s)	R	R	R	R
Special Education Director or designee	R	R	R	R
Student aged 15 or older (optional if younger than 15)	E	E	E	E
Bilingual specialist for students who are ELs				
Community Service Agency Representative (if the student is aged 15 or older and the agency will provide or pay for services)	O	I	O	I
Related services providers, when services are considered for initiation, continuation, or discontinuation	R	R	I	I

E = Essential; I = Must be invited to participate; R = Required attendance; O = Optional

Individualized Family Services Plan (IFSP)

Purpose:

An Individualized Family Service Plan, commonly referred to as an IFSP, is the written plan used under IDEA Part C for eligible infants and toddlers with disabilities and their families. The IFSP identifies the child's developmental needs, the family's priorities and concerns, the early intervention services to be provided, and the supports necessary for the child and family to access those services.

Unlike an IEP, which focuses on the educational needs of a school-aged student, an IFSP is family-centered and supports early intervention services in the child's natural environment whenever appropriate.

Transportation Application:

Transportation may be included in the IFSP when travel or related expenses are necessary for the child and family to access early intervention services. This may include mileage, parking, tolls, taxi fare, common carrier fare, or other transportation arrangements needed to receive the services listed in the IFSP.

When a school transportation department is asked to assist with transportation for an infant or toddler, the IFSP process should address whether the child can be transported safely and what supports are necessary. This is especially important when the child has medical, developmental, respiratory, orthopedic, behavioral, equipment, or supervision needs.

Required Action:

When transportation is necessary for the child and family to access early intervention services, the IFSP team should consider the need and document it in the IFSP.

If school transportation personnel are involved, the educational entity or responsible agency should ensure transportation staff receives the information needed to safely provide the service. This may include information about the child's age, size, child safety restraint needs, medical precautions, supervision requirements, equipment, emergency procedures, loading and unloading, and any limitations that may affect transportation.

Operational Note:

Transportation staff should be included in IFSP discussions when transportation is being considered or when the child's needs may affect safe transport. Staff should not be expected to transport an infant or toddler without clear information about restraint requirements, supervision, medical stability, emergency response, and staff training needs.

When the child approaches age three and transitions from IDEA Part C to IDEA Part B, review transportation needs again. The transportation arrangement used for early intervention may not be appropriate once the child begins preschool special education services under an IEP.

Transporting Children with Disabilities, by Linda F. Bluth, Ed.D., presented by the NAPT Foundation, Inc., 2006, states (quoted with permission):

> *"The decision to provide the early intervention service, transportation, is made on a case-by-case basis and is directly related to the child and family need for this service. It is essential that when infants and toddlers are transported on a school bus, consideration be given to the use of appropriate child safety restraint systems and age-appropriate supervision. Whenever transportation is required, a representative from transportation should be invited to serve as a member of the IFSP team to address the unique needs of a child who requires specialized services. The involvement of transportation personnel should occur as soon as it is known a child has specialized transportation needs. When a child transitions from the Part C program to a Part B program, a smooth and effective transition plan is required. At this time, the need for the related service transportation should be discussed."*

Transportation Considerations for Infants and Toddlers

Purpose:

Transportation for infants and toddlers is addressed through the IDEA early intervention framework and, when applicable, the transition from IDEA Part C to IDEA Part B. IDEA Part C governs early intervention services for infants and toddlers with disabilities from birth through age two. These services are guided by an Individualized Family Service Plan and generally emphasize service delivery in the child's natural environment, such as the home or community.

IDEA Part B governs special education and related services for children ages three through twenty-one and is directed by an Individualized Education Program.

Transportation Application:

Eligible children under the age of three who have complex medical, intellectual, behavioral, neurological, orthopedic, respiratory, or developmental needs require careful planning before transportation begins. The transportation arrangement must be based

on the child's and family's individual needs, discussed during the IFSP process, and agreed upon before services start.

Transportation options may include:

- local school district transportation services;
- public transportation systems;
- commercial or private transit systems, with mileage or fare reimbursement when appropriate;
- parent or guardian mileage reimbursement;
- medical assistance programs for allowable medical transportation services;
- voucher systems;
- services coordinated by the Department of Public Health;
- contracted taxi or specialized transportation services.

Required Action:

When determining the most appropriate transportation option, transportation supervisors and IFSP teams should evaluate:

- the child’s age, physical size, developmental level, and medical needs;
- parent or guardian concerns;
- child restraint system needs, including car seats, safety vests, and other appropriate restraints;
- vehicle safety considerations;
- the frequency of required services;
- the overall length of the ride;
- the geographic location of the early intervention service site.

Local school district transportation departments should also establish operational policies that specify the minimum age, size, and safety requirements for a child to ride safely in available district fleet vehicles.

Operational Note:

Transportation planning should occur well before a child transitions from IDEA Part C early intervention services to IDEA Part B preschool services. To avoid service interruptions, address transportation logistics before the child's third birthday.

When specialized transportation may be needed, a representative from the school district's transportation department should participate in transition planning and IEP development. This helps ensure that specialized vehicles, proper child safety restraint systems, routing, staffing, and other transportation supports are in place before the child begins Part B services.

Least Restrictive Environment (LRE)

Purpose:

Least Restrictive Environment, commonly referred to as LRE, is a core requirement under IDEA. It means that students with disabilities must be educated with peers without disabilities to the maximum extent appropriate. Removal from the general education environment, including separate services or separate settings, should occur only when the student's needs cannot be met satisfactorily with appropriate supports and services.

LRE is not a single place or a one-size-fits-all requirement. It is an individualized determination based on the student's needs, safety, access to services, and ability to participate with peers.

Transportation Application:

LRE applies to transportation because transportation may affect how a student accesses school and whether the student is separated from peers during the school day. When transportation is provided, the starting presumption should be that students with disabilities ride with peers without disabilities whenever that can be done safely and appropriately.

Separate transportation should not be assigned solely because a student has an IEP, uses specialized equipment, requires assistance, has a medical need, or has a disability label. Before assigning a student to a separate vehicle or route, the team should consider whether the student's supports would allow them to ride safely in a less restrictive transportation setting.

These supports may include a bus assistant, a seating plan, a behavior support plan, a medical protocol, communication support, a child safety restraint system, wheelchair securement, a lift-equipped vehicle, a modified stop procedure, staff training, or other individualized transportation supports.

Required Action:

Educational entities must consider transportation in a manner consistent with the student's right to be served in the least restrictive environment. Decisions about integrated or separate transportation must be made individually and tied to the student's needs, not departmental convenience, staffing preferences, route efficiency, disability category, or generalized practice.

When separate transportation is necessary, document the reason through the appropriate educational planning process. The decision should identify why the student cannot be safely or appropriately transported with peers without disabilities, even with reasonable supports, supplementary aids, or services.

Educational entities should periodically review separate transportation arrangements to determine whether they remain necessary. A separate transportation placement that was appropriate at one point may no longer be needed if the student's needs change, supports are added, or the transportation plan can be safely adjusted.

Operational Note:

Transportation staff play an important role in LRE decisions because they understand the operational realities of routes, vehicles, equipment, supervision, ride time, loading and unloading, and emergency evacuation. Their input can help the team determine whether integrated transportation is feasible and what supports would be needed.

At the same time, transportation staff should avoid treating separate transportation as the default. A specialized vehicle or separate route may be appropriate when required for safety, equipment, medical stability, behavior support, or program access, but the decision should be specific to the student.

When transportation staff believes a separate route is needed, they should be prepared to explain the specific operational concern. Examples may include incompatible equipment needs, unsafe loading conditions, medical monitoring needs, behavior that cannot be safely managed with supports, or evacuation concerns. General statements such as "this student is special needs," "the student has behaviors," or "it is easier to put them on a special needs route" are not sufficient.

A practical way to frame the LRE question is:

Can this student be transported safely with peers without disabilities if appropriate supports are provided?

If the answer is yes, consider integrated transportation. If the answer is no, the team should identify the specific reason and determine the transportation arrangement that meets the student's needs while limiting unnecessary separation.

Every Student Succeeds Act (ESSA)

Purpose:

The Every Student Succeeds Act, commonly referred to as ESSA, reauthorized the Elementary and Secondary Education Act and replaced the No Child Left Behind Act. ESSA requires states to ensure certain protections for students in out-of-home placement, including protections that support school stability.

For transportation, ESSA addresses the role of state and local education agencies in working with child welfare agencies so students in foster care can remain in their school of origin when it is in their best interest. The purpose is to help ensure that all children have a fair, equal, and meaningful opportunity to obtain a high-quality education.

Transportation Application:

ESSA is important for transportation departments because transportation may be necessary to maintain a student's school stability while the student is in foster care or another out-of-home placement. Transportation decisions may involve the local education agency, the county department of human services, the child welfare agency, the Child Welfare Education Liaison, school administration, and the transportation department.

Transportation to the school of origin must be addressed through clear written procedures. These procedures should explain how transportation will be provided, arranged, and funded when remaining in the school of origin is in the student's best interest.

For purposes of this section, **students in out-of-home placement** means a student who, at any time during an academic term, is in foster care and receiving educational services through a state-licensed day treatment facility; is otherwise in placement out of the home as that term is defined in section 19-1-103(85), C.R.S.; or is in placement outside of the home as a result of an adjudication pursuant to article 2 of title 19, C.R.S. This also includes a child or youth who transfers enrollment after being returned home at the conclusion of an out-of-home placement.

Required Action:

Educational entities must collaborate with state and local child welfare agencies to develop and implement clear written procedures for transporting children in foster care to their school of origin when remaining in that school is in the child's best interest. These procedures must address how transportation will be provided, arranged, and funded throughout the child's time in foster care.

Transportation procedures must ensure that children in foster care who need transportation to the school of origin receive transportation promptly, in a cost-effective manner, and in accordance with the child welfare agency's authority to use child welfare funding for school-of-origin transportation.

If additional costs are incurred to maintain a child in foster care in the school of origin, the local education agency must provide transportation if one of the following applies:

- the local child welfare agency agrees to reimburse the local education agency for the cost of transportation;
- the local education agency agrees to pay the cost of transportation; or
- the local education agency and the local child welfare agency agree to share the cost of transportation.

Title IA transportation procedures apply to all children in foster care for the duration of their time in foster care. The McKinney-Vento Act's transportation requirements apply to all homeless children and youth for the duration of their homelessness and until the end of the academic year in which they move into permanent housing.

Each local education agency must have a single point of contact to help ensure these requirements are implemented. In Colorado, each local education agency has a Child Welfare Education Liaison. The roles and responsibilities of the Child Welfare Education Liaison are defined in C.R.S. 22-32-138 and include:

- participating in Best Interest Determination meetings upon request, or sending a designee;
- collaborating with county departments of human services to provide, arrange, and fund transportation to the school of origin;
- participating in threat assessment teams upon request;
- ensuring immediate enrollment;
- ensuring immediate transfer of records; and
- waiving fees that would otherwise be assessed.

Local education providers, including school districts, must develop and implement clear written procedures governing how transportation will be provided, arranged, and funded to maintain children in foster care in their school of origin when remaining in that school is in their best interest.

For this purpose, **school of origin** means the school in which a student was enrolled at the time of each placement into foster care. If the student's foster care placement

changes, the school of origin is the school in which the student is enrolled at the time of the change in placement.

If the student is enrolled in a facility school, including a residential child care facility or secure detention facility, and the student will no longer be enrolled in the facility school, the school of origin is the last school the student attended within the previous two years for at least one complete semester or term before entering the facility school. The school of origin may also be another school where the student had a meaningful connection within the previous two years.

School of origin also includes the designated receiving school at the next grade level for feeder school or zone patterns when the student completes the final grade level served by the school of origin. When there is more than one potential school of origin, the student's input must be given strong consideration in determining which school to designate as the school of origin.

Operational Note:

Transportation departments should not make school-of-origin transportation decisions in isolation. These decisions should be coordinated with the Child Welfare Education Liaison, county human services, school administration, and any other required district contact.

Transportation staff may be asked to assist with route feasibility, travel time, vehicle assignment, cost estimates, service start dates, safety concerns, and communication with families or caregivers. However, the best-interest determination and cost responsibility should be handled through the appropriate district and child welfare process.

Once a transportation decision is made, transportation should be arranged promptly so that transportation does not become a barrier to enrollment, attendance, school stability, or student success.

McKinney-Vento Homeless Assistance Act

Purpose:

The McKinney-Vento Homeless Assistance Act, originally authorized under Subtitle VII-B and subsequently reauthorized by the Every Student Succeeds Act (ESSA), serves as the primary federal legislative mandate protecting the educational rights of children and youth experiencing homelessness. The explicit purpose of the Act is to systematically review, modify, and eliminate administrative, institutional, or operational barriers that hinder the immediate identification, enrollment, regular attendance, and overall academic success of highly mobile students. By guaranteeing specific legal protections

and resource allocations, the law ensures that all eligible children have a fair, equal, and meaningful opportunity to obtain a high-quality education despite housing instability.

Transportation Application:

Under federal and Colorado state law, transportation is recognized as a vital related service necessary to maintain a student's educational continuity and school stability. Eligible students are legally entitled to receive transportation services that are fully comparable to those provided to non-homeless peers.

Eligibility applies to any child or youth who lacks a fixed, regular, and adequate nighttime residence. This legally encompasses students experiencing the following living arrangements:

- **Shared Housing ("Doubled-Up"):** Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- **Temporary Lodging:** Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.
- **Shelter and Transitional Housing:** Living in emergency or transitional shelters, or being abandoned in hospital settings.
- **Unsheltered Environments:** Utilizing a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (including cars, parks, public spaces, abandoned buildings, substandard housing, or bus and train stations).
- **Migrant and Unaccompanied Youth:** Migratory children living in any of the circumstances described above, as well as school-aged youth who meet these criteria and are not in the physical custody of a parent or legal guardian.

In accordance with federal law, this legal designation and its accompanying transportation protections do not apply to any individual who is currently incarcerated or otherwise detained pursuant to state or federal law.

Required Action:

Local Education Agencies (LEAs), including traditional school districts and charter schools, must actively collaborate to develop and implement operational practices that ensure school stability. When requested by a parent, guardian, or local liaison (in the case of an unaccompanied youth), transportation must be provided, arranged, or funded to and from the student's **school of origin** according to the following jurisdictional guidelines:

- **Intra-District Transport:** If the student continues to attend the school of origin but temporarily resides within the boundary of the LEA hosting that school, that specific LEA is solely responsible for providing or arranging the student's transportation.
- **Inter-District Transport:** If the student continues their education at the school of origin but moves into an area served by a different LEA, both school districts must collaborate to determine a mutually acceptable method for sharing the operational responsibility and financial costs of the transportation. If the districts cannot reach a mutual agreement, they must share financial responsibility and arrangement details equally (50/50 split).

For purposes of this section, **school of origin** means the school that a child or youth attended when permanently housed or the school in which the child or youth was last enrolled, including preschools. When a student completes the final grade level served by the school of origin, this designation extends to include the designated receiving school at the next grade level for all feeder school or zone patterns.

Operational Note:

Transportation departments must not make McKinney-Vento transport decisions in isolation. Routing teams and administrators must coordinate directly with the designated McKinney-Vento Homeless Education Liaison (Local Liaison) for each Colorado school district.

The Local Liaison is legally tasked with verifying student eligibility, serving as the primary intermediary between families and school staff, and ensuring that parents, guardians, and unaccompanied youth are fully informed of their transportation rights and actively assisted in accessing them.

Transportation staff evaluates route feasibility, optimizes travel times, assigns appropriate fleet vehicles, compiles cost estimates, establishes service start dates, and addresses specific safety concerns. However, eligibility determinations and inter-district cost-allocation disputes must be handled through established district and state liaison processes.

Once an operational request is confirmed, transportation must be arranged promptly so that logistics never become a barrier to enrollment, attendance, or student stability. These transportation obligations remain in effect for the entire duration of the student's homelessness, extending through the end of the academic year in which the student successfully transitions into permanent housing.

Head Start Act

Purpose:

The Head Start Act serves infants, toddlers, preschool children with disabilities, and migrant children. Head Start is designed as a comprehensive program that includes health, nutrition, education, social services, and other supports for eligible children and families.

Head Start regulations require that at least 10 percent of enrollment opportunities be available to children with disabilities. A child with a disability may be enrolled in both Special Education and Head Start. When a child is dually enrolled, the programs must determine which program is responsible for transportation.

Transportation Application:

Transportation is an important consideration for Head Start and Early Head Start programs because many children served are very young, may have disabilities, and may require additional supervision, child safety restraint systems, or specialized planning.

When transportation services are provided, the requirements apply whether the program operates its own vehicles or contracts with a private or public transportation provider. The central transportation safety expectation is that children are transported in school buses or Allowable Alternative Vehicles (AAVs) when required by the applicable Head Start transportation regulations.

For children with disabilities, transportation planning should also consider whether the child can be transported with other Head Start children whenever possible. If the child is also receiving special education services, transportation responsibility should be coordinated between Head Start, the educational entity, and any other responsible program or agency.

Required Action:

When Head Start transportation is provided, the program must comply with applicable transportation safety requirements. The prior 45 CFR 1310 implementation timeline included the following transportation requirements:

January 18, 2002

Head Start vehicles were required to be equipped with:

- reverse beepers;
- fire extinguishers;

- first aid kits;
- seat belt cutters, with signs indicating the location of each;
- and a communication system, such as a two-way radio or cell phone.

The rule also required:

- annual vehicle inspection by the appropriate state agency;
- daily pre-trip inspections by Head Start drivers;
- a systematic preventive maintenance program;
- Commercial Driver's Licenses for Head Start drivers in states where CDLs are granted, regardless of vehicle size;
- required driver training;
- and required bus attendant training.

January 20, 2004

This deadline was extended to June 21, 2004, with further extensions to January 20, 2006, in some approved cases.

Head Start vehicles were required to be equipped with height- and weight-appropriate child restraint systems. As of this date, all Head Start children weighing 50 pounds or less were required to be seated in appropriate child restraint systems. Every Head Start vehicle was also required to have at least one bus attendant on board at all times.

January 18, 2006

All vehicles used for Head Start transportation were required to be school buses or Allowable Alternative Vehicles. Children with disabilities were to be transported in the same vehicle as other Head Start children whenever possible.

September 6, 2016

The Office of Head Start published a comprehensive update to the Head Start Program Performance Standards. This update moved the standalone transportation regulations from 45 CFR Part 1310 into 45 CFR Part 1303, Subpart F. These updated transportation requirements became effective November 7, 2016.

The 2024 regulatory update did not change daily bus operations or technical transportation safety requirements. Instead, it focused on two administrative areas:

- identifying whether lack of transportation creates a barrier to enrollment; and
- encouraging community partnerships with local transit agencies, public school districts, and other partners to help transport children safely.

Operational Note:

Transportation departments should not assume that Head Start transportation operates under the same structure as K-12 school transportation. Head Start may involve different funding, program responsibilities, vehicle requirements, child restraint expectations, bus attendants, and coordination with outside agencies.

When a child is enrolled in both Head Start and Special Education, clarify transportation responsibilities before services begin. The team should determine who is responsible for arranging, funding, staffing, and documenting transportation. This is especially important when the child requires a child safety restraint system, medical support, a bus attendant, specialized equipment, or transportation in a school bus or Allowable Alternative Vehicle.

The 10-Day Rule: Suspension and Expulsion Requirements

Purpose:

Under the Individuals with Disabilities Education Act, students with disabilities have specific disciplinary protections when they are removed from their current educational setting for violations of a student code of conduct. School personnel may generally remove a student with a disability for up to 10 school days in a school year in the same manner that discipline is applied to students without disabilities.

When removals exceed 10 school days, or when repeated removals create a pattern, the educational entity may be required to determine whether the removal constitutes a change of placement and whether a manifestation determination review is required.

The following guidance is adapted from *Legal Rules*, written by Peggy Burns and published by Roseann Schwaderer in September 2006:

> "Disabled students can receive the same consequences for behavior infractions as their non-disabled peers until the district gets to the point of removal from school for more than ten consecutive days. It is necessary to count bus suspensions toward these ten days if transportation is a related service for the student in question, and if the student does not otherwise get to school. When the district exceeds ten days of suspension, a manifestation determination review must occur."

Transportation Application:

The 10-day rule is important for transportation because a bus suspension may affect a student's access to school. When transportation is not included in the student's IEP as a related service, the educational entity generally handles a bus suspension through its regular transportation discipline process.

When transportation is included in a student's IEP as a related service, the analysis differs. If the student is suspended from the bus and no alternative transportation is provided, the suspension may prevent the student from accessing the educational program. In that situation, the bus suspension may count as a disciplinary removal.

Transportation staff should understand that behavior occurring on the bus may have educational consequences beyond the transportation department. Repeated bus suspensions, even if each one is short, may create a pattern of removal that the appropriate school team must review.

Required Action:

When a student with a disability is considered for suspension from transportation, the educational entity should first determine whether transportation is included in the student's IEP as a related service.

If transportation is not a related service, the student may generally be subject to the same transportation discipline procedures as students without disabilities, consistent with district policy and applicable law.

If transportation is a related service, the educational entity should select an appropriate response that preserves the student's access to education. Options may include:

1. **Count the removal.**
   Suspend the student from transportation and count the day toward the student's disciplinary removal total when the student does not otherwise access school.
2. **Provide alternative transportation.**
   Suspend the student from the assigned bus or route, but provide another transportation arrangement at public expense so the student can continue attending school. This may include a different vehicle, specialized transportation, adjusted supervision, or parent reimbursement when appropriate under district process.
3. **Use a non-exclusionary response.**
   Address the behavior without removing the student from transportation. This may include assigned seating, additional supervision, a bus assistant, review of the behavior intervention plan, staff training, route adjustments, communication supports, or other interventions determined by the appropriate team.

If the student has repeated behavioral concerns on the bus, the educational entity should review whether the student's IEP, behavior intervention plan, transportation plan, or related supports need revision. A Functional Behavioral Assessment(FBA) may be appropriate when behavior continues to interfere with safe transportation or access to education.

Operational Note:

Transportation staff should not independently decide that a student with transportation listed as a related service is no longer allowed to ride the bus. Transportation may recommend suspension or removal based on safety concerns, but the decision should be coordinated with the appropriate administrator, special education representative, and IEP team contact.

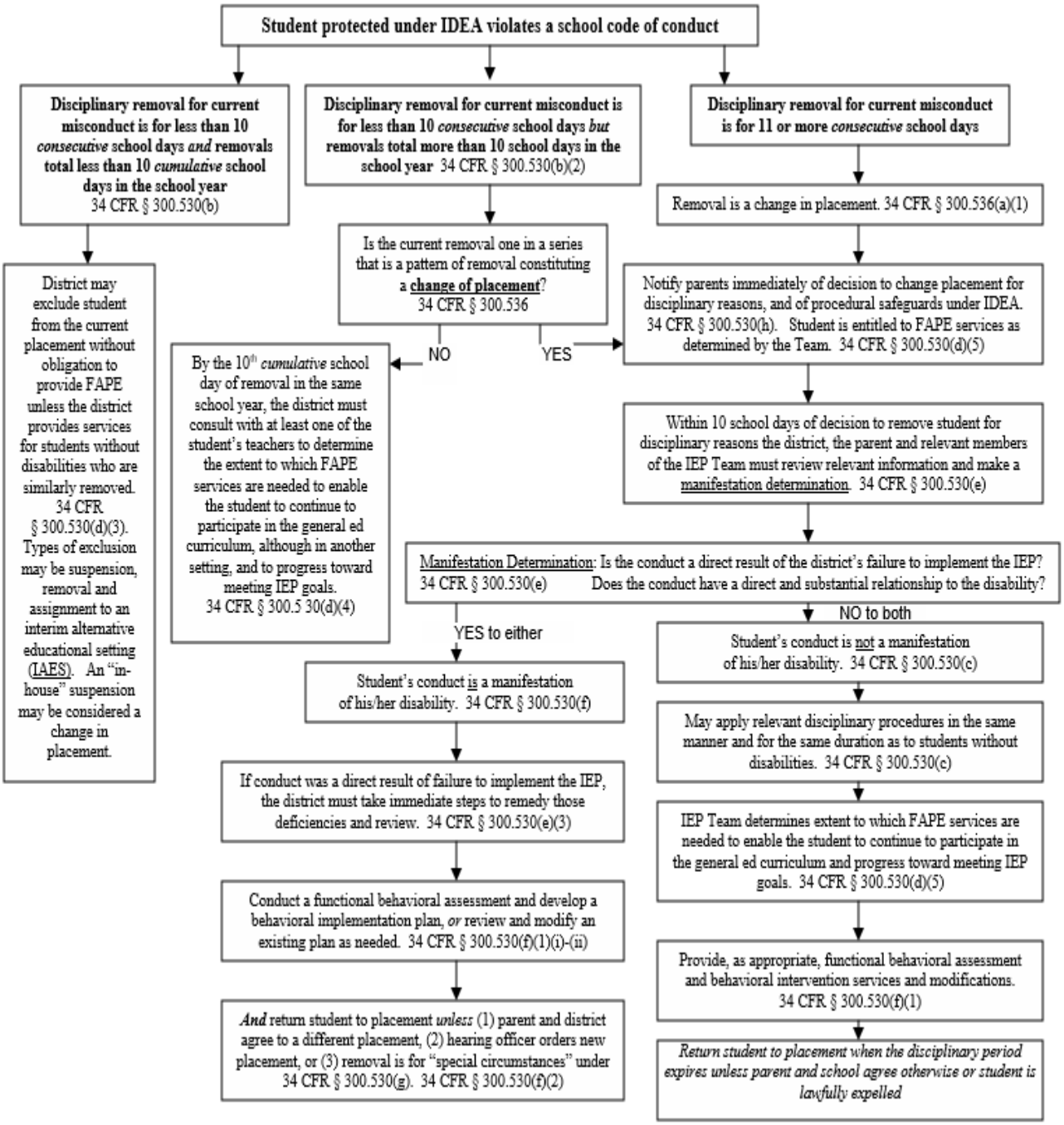
Documentation is especially important. Transportation staff should record the behavior, date, route, staff involved, interventions attempted, safety concerns, parent or school communication, and whether the student missed school because of the transportation removal.

For serious conduct involving weapons, illegal drugs, controlled substances, or serious bodily injury, school personnel may remove a student to an interim alternative educational setting for up to 45 school days under specific IDEA disciplinary provisions. A hearing officer may also order a 45-day removal if keeping the student in the current placement is substantially likely to result in injury to the student or others.

Under IDEA, if a student is expelled or removed long-term for behavior that is not a manifestation of the student's disability, the educational entity must continue to provide educational services so the student can participate in the general curriculum and make progress toward IEP goals.

Under § 504, if a student is protected only under § 504 and does not have an IEP, the continuation-of-services requirement is different. If the behavior is determined not to be related to the student's disability, the educational entity may not be required to continue services in the same manner as required under IDEA.

10-Day Rule Flow Chart



The 45-Day Rule: Interim Alternative Educational Setting (IAES)

Purpose:

Clear operational guidelines under 34 CFR § 300.530(g) explain when school personnel may unilaterally remove a student with a disability from their current educational setting. This 45-school-day removal applies specifically to severe disciplinary incidents occurring on school grounds, during school transportation, or at school-sponsored events that involve weapons, illegal drugs, or the infliction of serious bodily injury upon another person. When a student is placed in an IAES, they are removed from their regular classroom or school building. However, the school district still has strict out-of-school obligations to uphold during those 45 school days.

Transportation Application:

When a student is assigned to an Interim Alternative Educational Setting, any specialized transportation services designated in their Individualized Education Program remain fully active and obligatory. The school district must coordinate modified door-to-door transit to the alternative facility without delay, ensuring that logistical adjustments do not cause missed instructional time or improperly extend the removal period. Furthermore, any specialized transport accommodations, safety protocols, or personnel required by the student's Behavior Intervention Plan must continue uninterrupted during transit.

Required Action:

When initiating a 45-day IAES placement, the IEP team must convene immediately to identify an alternative location that can provide the necessary curriculum access and related services. School administration must issue formal Prior Written Notice alongside Procedural Safeguards to the parent or guardian on the date the decision is rendered. At the same time, staff must initiate or update a Functional Behavioral Assessment and implement a targeted Behavioral Intervention Plan to address the specific offense, while ensuring that all instructional adaptations and therapy services outlined in the IEP continue at the new facility.

Operational Note:

Staff calculating the duration of an alternative placement must note that the 45-day limit applies strictly to official school days rather than calendar days. Scheduled holiday breaks, weekends, and unplanned emergency closures pause the active count and automatically resume on the next instructional day.

Extended School Year (ESY) Services and Transportation

Purpose:

Extended School Year services, commonly referred to as ESY, are specialized instructional and related services provided to a student with a disability beyond the normal school calendar year. Under federal regulations at 34 CFR § 300.106, ESY services must be provided at no cost to parents when the student's IEP team determines, on an individualized basis, that the services are necessary for the student to receive a Free Appropriate Public Education.

ESY is not the same as a general summer school. ESY services address specific IEP goals and objectives when the student is likely to experience severe or substantial regression without continued services.

The regression/recoupment standard considers whether a student may lose skills during a school break and whether the student would need an unreasonable amount of time to regain those skills when school resumes. If the student's regression is significant and recoupment is slow, ESY services may be required.

ESY decisions must be individualized. Eligibility may not be limited to specific disability categories, and an educational entity may not impose a blanket limit on the type, amount, or duration of ESY services.

Transportation Application:

Transportation may be necessary for a student to access ESY services. When a student requires ESY services to implement the IEP, transportation must be considered as part of the student's access to those services.

If transportation is already listed as a required related service in the student's IEP, transportation must continue for the duration of the ESY program when it is necessary for the student to access the ESY services.

In some cases, transportation may become necessary for ESY even if the student does not receive specialized transportation during the regular school year. This may occur because the ESY program is held at a different school, site, or service location, or because the schedule, route structure, staffing, or available supports differ from the regular school year.

Required Action:

The IEP team determines whether the student requires ESY services and whether transportation is necessary for the student to access those services. This decision must be based on the individual needs of the student.

Educational entities must provide transportation when the student needs it to receive ESY services. Transportation may not be denied simply because summer routing is difficult, staffing is limited, or the ESY site is inconvenient to serve.

When transportation is required for ESY, the educational entity should ensure that the transportation department receives the information needed to provide the service safely and consistently. This may include the ESY site location, schedule, service dates, pick-up and drop-off information, equipment needs, staffing needs, medical or behavioral considerations, and any transportation supports required by the student's IEP.

Operational Note:

Plan ESY transportation early because summer and extended-break operations often differ from regular school-year transportation. Routes may be consolidated, school buildings may be closed, staff may be unavailable, and students may attend programs at locations other than their regular school.

Transportation staff should not assume that regular school-year arrangements automatically apply without review. The team should confirm the ESY schedule, location, service dates, student needs, required equipment, supervision, emergency procedures, and parent or guardian communication before transportation begins.

If the ESY transportation plan cannot be implemented as written, transportation staff should document the concern and refer it to the appropriate special education representative, administrator, or IEP team contact for review.

Title IX and Sexual Harassment Protections

Purpose:

Title IX of the Education Amendments Act prohibits sex discrimination in education programs and activities. Sexual harassment is a form of sex discrimination and is prohibited in public school programs, including school transportation.

For purposes of Title IX, sexual harassment may include unwelcome conduct on the basis of sex that a reasonable person would determine is so severe, pervasive, and objectively offensive that it effectively denies a student equal access to the educational program or activity. Sexual harassment may also include physical conduct of a sexual nature, quid pro quo harassment, sexual assault, dating violence, domestic violence, and stalking.

***Transportation Application*:**

Title IX applies to conduct that occurs on school transportation vehicles, at bus stops, during loading and unloading, on activity trips, and in other transportation-related settings connected to the educational program.

Transportation staff may be the first adults to see or hear conduct that raises a Title IX concern. This may include comments, gestures, touching, threats, intimidation, repeated targeting, sexualized conduct, or other behavior that may interfere with a student's ability to safely access transportation or school.

When evaluating whether conduct may have created a sexually hostile environment, school administrators and Title IX coordinators must consider the total context of the situation, including:

- the age and developmental level of the student who experienced the conduct;
- the frequency, duration, repetition, location, severity, and scope of the conduct;
- whether the conduct was verbal, non-verbal, or physical;
- whether multiple individuals participated in or continued the behavior;
- whether the incidents created an intimidating, hostile, or abusive atmosphere within the school district or on school transportation vehicles.

Required Action:

School district employees, including school bus drivers, bus attendants, dispatchers, transportation supervisors, and other transportation personnel, must follow district Title IX reporting procedures.

If a transportation employee witnesses, receives a report of, or suspects sexual harassment occurring on a school bus, at a bus stop, or in another transportation-related setting, the employee must report the concern immediately to the district's designated Title IX Coordinator or through the district's established reporting process.

School districts must maintain a written Title IX policy that addresses sexual harassment and violence. The policy and related procedures should include:

- annual distribution of the written policy prohibiting sexual harassment and violence to district employees, parents, guardians, and students;
- Title IX and sexual harassment training for transportation staff annually and for new employees during orientation;
- student education on boundaries, consent, and how to report harassment;
- investigation, documentation, and maintenance of records for allegations and responsive actions;

- parent or guardian notification for both the complainant and the respondent when a formal complaint is filed, while preserving due process for both parties.

When a student with an IEP or § 504 plan is found responsible for sexual harassment on a school bus, any discipline or change to the student's transportation routine must be handled in a manner that stops the behavior, prevents recurrence, and remains consistent with IDEA and § 504 requirements. If the discipline results in a bus suspension or removal that exceeds 10 school days, a manifestation determination review may be required.

Operational Note:

Transportation staff should not investigate Title IX allegations on their own. Their role is to observe, intervene when necessary for immediate safety, document what they saw or were told, and promptly report the concern through the required district process.

Minor boundary-crossing behavior should not be ignored. Early intervention, redirection, counseling support, assigned seating, increased supervision, or review of the transportation plan may prevent conduct from escalating into more serious harassment.

Transportation supervisors should ensure staff understands how to report Title IX concerns, who the district Title IX Coordinator is, what information to document, and how to protect student confidentiality. Staff should avoid discussing the allegation with unauthorized employees, other students, parents, or community members.

COLORADO LEGISLATION

Mandatory Child Abuse and Neglect Reporting (C.R.S. 19-3-304)

Purpose:

Colorado law requires certain professionals to report suspected child abuse or neglect. Under the Colorado Children's Code, C.R.S. 19-3-304, public and private school officials and employees are designated as mandatory reporters. This includes school bus drivers, monitors, bus attendants, transportation supervisors, dispatchers, and other transportation staff.

The purpose of the law is to ensure that suspected abuse or neglect is reported quickly to the appropriate authorities so that child safety concerns can be reviewed and addressed.

Transportation Application:

Transportation staff may observe warning signs that are not seen during the school day. Drivers and monitors may notice repeated injuries, unsafe living conditions at a stop,

concerning statements by a student, inappropriate adult behavior, lack of supervision, or other circumstances that raise concerns about a student's safety or welfare.

If a transportation employee has reasonable cause to know or suspect child abuse or neglect, or directly witnesses a child being subjected to conditions that could result in abuse or neglect, the employee has a legal duty to report.

For purposes of this section:

Child abuse includes non-accidental physical or mental injury, sexual abuse, or emotional abuse caused by the acts or omissions of a parent, legal guardian, or caretaker.

Child neglect occurs when a parent, legal guardian, or custodian fails to take the actions that a prudent parent would take to provide adequate food, clothing, shelter, medical care, or necessary supervision, placing the child's health or welfare at risk.

Required Action:

Reports must be made immediately, no later than 24 hours, by contacting the statewide Colorado Child Abuse and Neglect Hotline at **1-844-CO-4-KIDS (1-844-264-5437)** or local law enforcement.

A transportation employee's reporting duty is personal. Internal district procedures may require staff to notify a supervisor, dispatcher, principal, or administrator, but internal notification does not replace the employee's legal obligation to report to the hotline or law enforcement.

A mandatory reporter who willfully fails to report suspected abuse or neglect may commit a Class 2 misdemeanor and may face fines, up to six months in jail, and civil liability for damages caused by the failure to report.

A person who reports suspected abuse or neglect, or participates in an investigation in good faith, is protected from civil and criminal liability under C.R.S. 19-3-309. Good faith is presumed.

***Operational Note*:**

Transportation staff is not responsible for investigating whether abuse or neglect occurred. Their responsibility is to report when they have reasonable cause to know or suspect that a child may be experiencing abuse or neglect.

Staff should document the facts that caused the concern, including the date, time, route, student statement or observed condition, location, individuals involved, and any immediate safety concern. Documentation should be factual and should avoid assumptions or conclusions beyond what was observed or reported.

After making a report, staff should follow district procedures for notifying the appropriate internal contact. Share information about the report only with individuals who have a legitimate need to know, and do not discuss it with other employees, students, parents, or community members.

Colorado Exceptional Children's Education Act

Purpose:

The Colorado Exceptional Children's Education Act, commonly referred to as ECEA, is the primary state law governing special education in Colorado. It works alongside the federal Individuals with Disabilities Education Act, but establishes Colorado-specific requirements for identifying and serving exceptional children.

Under ECEA, "exceptional children" includes both students with disabilities and gifted students. For purposes of specialized transportation, the most relevant application is the identification and service delivery process for students with disabilities who may require transportation as part of their educational program.

Transportation Application:

ECEA is important for transportation departments because a student's educational placement, services, and supports may directly affect transportation. Transportation may be needed when a student receives services in a specialized classroom, separate special education facility, home or hospital setting, state institution, or another placement the student's educational team determines is appropriate.

Transportation may also be part of the services necessary to support a student's placement in the Least Restrictive Environment. When a student requires specialized transportation, the transportation department may need to coordinate vehicle assignment, routing, equipment, staffing, communication, and safety procedures with special education staff and other service providers.

Required Action:

Educational entities must provide a comprehensive continuum of services based on student need. This may include specialized classrooms in public schools, separate special education facilities, specialized programming for students confined to homes or hospitals, and instructional services within state institutions.

The student's IEP team has the authority to determine appropriate special education placement and services for an eligible student. When transportation is necessary to support that placement or service delivery, the appropriate educational planning process should address the transportation need.

Educational entities must also support the Least Restrictive Environment(LRE) requirement. This includes providing direct specialized services to the student when needed and consultative support to general education classroom teachers, consistent with the student's needs and educational plan.

ECEA also supports interagency coordination. School districts and administrative units are encouraged to establish collaborative contracts and agreements with available state and public agencies to share resources and deliver necessary services, including specialized school transportation.

Operational Note:

Transportation departments should be involved when a student's placement or services may require specialized transportation. This is especially important when the student's program is outside the neighborhood school, located in a separate facility, provided in a home or hospital setting, or coordinated with another public agency.

Transportation staff do not determine special education eligibility or placement. Their role is to help implement the transportation portion of the student's plan and identify whether the transportation arrangement can be provided safely and consistently. Document concerns involving route feasibility, equipment, staffing, ride time, loading and unloading, communication, or emergency planning, and share them with the appropriate special education or administrative contact.

Special Stops and Pedestrian Safety (C.R.S. 42-4-1903 and 42-4-808)

Purpose:

Colorado law establishes specific requirements for school bus stops, roadside safety, and pedestrian protection. These requirements are especially important when transporting students with disabilities who may need additional time, assistance, equipment, or supervision while loading, unloading, or moving near traffic.

Two statutes are particularly relevant to specialized transportation:

- **C.R.S. 42-4-1903**, which addresses school bus stopping requirements and the use of alternating flashing red signal lights; and
- **C.R.S. 42-4-808**, which requires drivers and pedestrians to yield the right-of-way to individuals with disabilities.

***Transportation Application*:**

School bus drivers generally must activate the alternating flashing red signal lights when stopping to receive or discharge schoolchildren. However, Colorado law provides a

specific exemption when a school bus stops solely to load or unload passengers who require a lift device.

This exemption allows the driver to use hazard lights, rather than the alternating flashing red lights and stop arm, while the mechanical lift is operating, but only when the statutory conditions are met.

The exemption may be used only when:

1. no passenger is required to cross the roadway; and
2. the bus is stopped as far to the right off the roadway as possible in order to safely minimize obstruction to moving traffic.

C.R.S. 42-4-808 is also important in specialized transportation because it requires drivers and pedestrians to yield the right-of-way to an individual with a disability. Drivers must take necessary precautions, including stopping or slowing down, to avoid an accident, conflict, or injury involving a person with a disability.

Required Action:

When loading or unloading a passenger who requires a lift device, the driver must determine whether the wheelchair lift light exemption applies.

If no passenger is required to cross the roadway and the bus can be positioned as far to the right off the roadway as safely possible, the driver may use hazard lights during the lift operation instead of activating the alternating flashing red lights and stop arm.

If a student or passenger must cross the roadway, or if the bus cannot be safely positioned as far to the right off the roadway as possible, the driver must use the standard alternating flashing red signal lights and stop arm to control traffic.

Transportation staff must also remain alert to the right-of-way protections for students and other individuals with disabilities near bus stops, loading zones, school grounds, and transportation vehicles. Drivers should take appropriate precautions when a student's disability may affect mobility, awareness, reaction time, communication, or the ability to navigate traffic safely.

Operational Note:

Do not treat the wheelchair lift exemption as automatic. It depends on the stop location, roadway conditions, whether any passengers must cross, and whether the vehicle can be positioned safely.

Transportation departments should train drivers on when they may use the exemption and when the standard student light procedure is required. When there is uncertainty,

use the safer, more protective loading procedure, and review the concern with a supervisor.

For students with disabilities, review stop placement carefully. Whenever possible, arrange stops to reduce roadway crossings, avoid unsafe exposure to traffic, allow sufficient room for lift operation, and provide a clear loading and unloading area.

Translating Individualized Education Plans (C.R.S. 22-20-108(4.8))

Purpose:

C.R.S. 22-20-108(4.8), enacted through House Bill 23-1263, establishes language-access requirements during the IEP process when a student's parent, guardian, or legal custodian is a Multilingual Learner or speaks a language other than English as the dominant language in the home.

This requirement supports meaningful parent participation in the IEP process. Parents, guardians, and legal custodians must understand the IEP and participate as members of the student's educational team.

The statute provides:

"Upon request of the child's parent, the multidisciplinary team is required to translate or contract with a translation services provider to translate the final IEP document into the dominant language spoken in the home of the child's parent. The IEP team shall verbally inform the child's parent of the right to request translation services."

Transportation Application:

This requirement is important for transportation because specialized transportation is often documented in the student's IEP. If transportation is included as a related service, the parent or guardian must understand the transportation-related portions of the plan.

Transportation-related information may include specialized bus behavior plans, routing accommodations, medically necessary transportation protocols, parent or guardian responsibilities, pick-up and drop-off procedures, safety requirements, or other transportation supports connected to the student's IEP.

When transportation expectations are not communicated in the parent's or guardian's dominant language, misunderstandings may affect student safety, attendance, route reliability, or IEP implementation.

Required Action:

Administrative units and school districts must follow language-access requirements during the IEP process.

At the beginning of the IEP process, the school-based multidisciplinary team must verbally inform the child's parent, guardian, or legal custodian of the right to request translation services for major special education documentation.

Upon request, the district must translate, or contract with a translation services provider to translate, the final completed IEP document into the dominant language spoken in the student's home. The translation may be provided as a formal written translation or as a comprehensive oral recording in the dominant language spoken in the home.

The IEP team may also provide translated draft IEP components, progress reports, and specialized assessments when doing so helps support meaningful participation during scheduled meetings.

When the IEP includes specialized transportation, the educational entity should ensure that transportation-related instructions and expectations are accessible to the family in the appropriate language. This includes transportation accommodations, specialized transportation rules, parent-responsibility instructions, and medically necessary transportation protocols.

When bus schedules, pick-up or drop-off windows, or route numbers change, dispatch and routing teams should ensure that notifications to multilingual households are properly translated. This helps prevent communication breakdowns that could leave a student waiting at the wrong location, missing transportation, or being released under unclear circumstances.

Operational Note:

Transportation departments should coordinate with the district's translation or language-access office rather than relying on informal translation by students, siblings, drivers, or other unapproved individuals.

Transportation supervisors and dispatchers should work with the district's central translation department to ensure that common transportation documents are available in the district's most frequently spoken non-English languages. These may include transportation intake forms, emergency medical release documents, specialized bus rules, parent responsibility forms, route-change notices, and other transportation documents that directly affect student safety or service delivery.

Transportation staff should also notify the appropriate special education or administrative contact when a family appears not to understand transportation expectations. Treat the issue as an access and safety concern, not as noncompliance by the parent or guardian.

Title 22: Education – Residence of a Child

Purpose:

C.R.S. 22-1-102 establishes the general rule that every public school must be open, without payment of tuition, to children between the ages of five and twenty-one who reside within that school district.

For school transportation departments, this statute helps determine which school district is generally responsible for a student's transportation, including daily, specialized, and transportation-related accommodations.

Transportation Application:

Residency affects school enrollment, district responsibility, routing, funding, transportation coordination, and specialized transportation services. Transportation departments may need to understand residency when a student moves, lives with someone other than a parent, is experiencing homelessness, is placed in foster care or another out-of-home placement, or receives special education services while living in a group home, foster home, facility, or other specialized setting.

Under C.R.S. 22-1-102, a child may be considered a resident of a school district when:

- the child's parents reside in the school district;
- if the parents are permanently separated or divorced, the child lives with one parent the majority of the time pursuant to a court order;
- the child's legally appointed guardian resides in the school district;
- the child lives in the district with the intent to remain there indefinitely and regularly eats or sleeps there during the school year;
- the student is emancipated, has no legal guardian, and lives independently within the school district;
- the child has been abandoned by the parents, as determined by the board of education of the school district where the child lives;
- the child has become permanently dependent for support on someone other than nonresident parents, or on a charitable organization, and actually makes a home within the school district;
- the child's parent or guardian is a public officer or employee living temporarily in another school district for job-related duties;

- the child is found to be homeless under C.R.S. 22-1-102.5 and is presently seeking shelter or located in the school district, unless the school-of-origin provisions apply.

Required Action:

Educational entities must apply residency rules carefully and must recognize that standard neighborhood residency rules do not always resolve responsibility for vulnerable students.

For students experiencing homelessness, C.R.S. 22-1-102.5 and the federal McKinney-Vento Homeless Assistance Act apply. A student who is homeless cannot be denied a free public education based on a lack of traditional residency documentation. The student may be entitled to remain in the school of origin or enroll in the district where the student is presently seeking shelter or is located. School districts must follow the procedures in C.R.S. 22-33-103.5 when determining where a homeless child will attend school and what educational services will be provided.

For students in foster care or other out-of-home placements, school stability requirements may affect the student's school of origin and transportation responsibilities. If the student remains enrolled in the school of origin, districts and child welfare partners may need to coordinate transportation, funding, and service delivery across district boundaries.

For students with disabilities, residency may also be affected by special education law. When a student with a disability receives special education services, the district of residence may be based on where the child lives day to day, including a foster home, group home, specialized facility, or other placement.

When residency or responsibility is unclear, school districts should work through the appropriate administrative process rather than interrupt transportation. If two districts dispute which district is responsible, the Colorado Commissioner of Education has the authority to review the issue and determine jurisdiction.

Operational Note:

Transportation departments should not resolve residency disputes alone. Coordinate these matters with enrollment staff, homeless liaisons, child welfare education liaisons, special education staff, district administration, and legal counsel when appropriate.

Operationally, residency changes may require quick coordination between districts. Routing and dispatch staff may need to arrange shared routes, reimbursed routes, temporary transportation, contracted service, parent or guardian reimbursement, or other transportation options while the district-responsibility issue is being resolved.

Transportation should not be abruptly discontinued when doing so would interfere with a student's access to school, especially when the student is experiencing homelessness, is in foster care or another out-of-home placement, or is receiving special education services. When there is uncertainty, the concern should be escalated promptly so the student's educational access is protected while the responsible parties determine the proper long-term arrangement

Title 22: Education – Definition of a Homeless Child

Purpose:

C.R.S. 22-1-102.5 establishes Colorado's statutory definition of a homeless child for public education purposes. The Colorado General Assembly declares that, because of the growing number of children and families experiencing homelessness in Colorado, all homeless children must receive a proper education.

The intent of the statute is that no child shall be denied the benefits of a free education in the public schools because the child is homeless.

For purposes of this section, a **homeless child** means a school-aged child or youth, including a preschool-aged child, who lacks a fixed, regular, and adequate nighttime residence.

This includes a child or youth who is:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar destabilizing reason;
- living in a motel, hotel, trailer park, or camping ground due to lack of alternative adequate accommodations;
- living in an emergency shelter, domestic violence shelter, or transitional shelter;
- abandoned in a hospital;
- awaiting foster care placement;
- using a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- living in an automobile, park, public space, abandoned building, substandard housing, bus station, train station, or similar setting;
- a migrant school-aged child who meets the statutory criteria; or
- a school-aged child who meets the statutory criteria and is not in the physical custody of a parent or legal guardian.

The definition does not include an individual who is imprisoned or otherwise detained pursuant to an act of Congress or state law.

Transportation Application:

This statute is important for transportation departments because a student's housing status may affect enrollment, school stability, routing, district responsibility, and transportation services.

When a student is identified as homeless under C.R.S. 22-1-102.5, transportation may be required to support the student's continued access to school. Do not delay transportation because the student lacks traditional proof of residency, permanent housing, or standard enrollment documentation.

Students experiencing homelessness may need transportation to the school of origin, a temporary housing location, a shelter, a motel, a doubled-up residence, a transitional housing site, or another location connected to the student's educational access. Transportation departments may also need to coordinate across district boundaries when a student is temporarily living outside the district of origin but continues attending the school of origin.

Required Action:

When the district's Homeless Liaison determines that a student meets the criteria under C.R.S. 22-1-102.5, the transportation department must follow the applicable transportation requirements.

In alignment with McKinney-Vento school-of-origin requirements, the student has the right to continue attending the school of origin when appropriate. The school of origin means the school the student attended when permanently housed or the school in which the student was last enrolled.

At the request of the parent, guardian, or unaccompanied youth, the district must provide or arrange transportation to and from the school of origin.

If a student experiencing homelessness is temporarily sheltered, doubled up, or otherwise located in one district but continues to attend the school of origin in another district, the involved districts must coordinate transportation. The districts must agree on how they will apportion transportation responsibility and costs. If the districts cannot agree, they generally share responsibility and costs.

Transportation arrangements must be made promptly so transportation does not become a barrier to enrollment, attendance, retention, or school success. Routing staff should prioritize timely service by considering available routes, route adjustments,

public transportation, contracted transportation, parent or guardian reimbursement when appropriate, or other lawful transportation options.

Operational Note:

Transportation departments should not independently decide whether a student qualifies as homeless. The district's McKinney-Vento Liaison or other designated process should make that determination.

Once the determination is made, transportation should move quickly. A student experiencing homelessness may be in a temporary or unstable living situation, and delays in routing can result in missed school, interrupted services, and increased instability.

Transportation staff should coordinate with the Homeless Liaison, enrollment staff, school administration, dispatch, routing, and any other district or inter-district contact needed to arrange service. Staff should also protect the student's privacy. Housing status should only be shared with employees who have a legitimate educational need to know.

Title 22: Education – Protection of Student Data

Purpose:

C.R.S. 22-1-123 protects the confidentiality of student education records and aligns Colorado law with the federal Family Educational Rights and Privacy Act, commonly referred to as FERPA.

Under this statute, public school districts may not release a student's education records to an outside person, agency, or organization without the prior written consent of the student's parent or legal guardian, unless a legal exception applies.

For purposes of this statute, education records and directory information have the same meanings as those terms under FERPA. Education records include a student's Individualized Education Program and other personally identifiable information the school district maintains.

Transportation Application:

Transportation departments may create, receive, or maintain student information that is protected as part of the student's education record. This may include specialized transportation manifests, route sheets, passenger lists, emergency cards, IEP transportation information, specialized transit accommodations, medical tracking forms, behavioral information, parent or guardian contact information, and safety-related

transportation instructions.

This information may be necessary for drivers, monitors, dispatchers, routers, supervisors, nurses, special education staff, contractors, or other school officials to perform their duties safely. However, it must be accessed, used, stored, and shared only for legitimate educational purposes.

Do not release student transportation information to unauthorized individuals, outside agencies, other parents, commercial entities, or the public unless the educational entity has obtained the required written consent or a specific legal exception permits disclosure.

Required Action:

Educational entities must protect education records and personally identifiable student information under C.R.S. 22-1-123, FERPA, and applicable district policy.

When written parental consent is requested to release student information, the consent must identify the following:

- the specific records to be released;
- the reason for the release;
- the specific person, agency, or organization receiving the information.

A general or blanket consent allowing a student to participate in a school activity, special education program, or transportation service does not automatically authorize the release of the student's private records to unauthorized parties. Consent for release of records must be specific to the information being disclosed and the purpose of the disclosure.

Educational entities must also comply with restrictions related to surveys, assessments, analyses, or evaluations involving sensitive topics. School personnel may not require a student to participate in a survey or similar activity intended to reveal sensitive information without advance notice and written parental consent. Sensitive topics may include psychological conditions, sexual behavior or attitudes, family income, political affiliations, illegal or self-incriminating behavior, or critical appraisals of close family relationships.

The statute and related federal law allow limited exceptions where student information may be disclosed without prior written consent. These exceptions include:

1. **Legitimate educational interest.**
   School officials, drivers, monitors, and other staff may share student files, safety routing requirements, and transportation-related information internally when they need it to perform their assigned duties.

2. **Emergency health and safety concerns.**
   Student records may be shared with appropriate emergency personnel or law enforcement during an active emergency when the information is necessary to protect the health or safety of the student or others.

3. **Mandatory reporting protections.**
   Information based on an employee's personal knowledge or direct observation is not blocked by student record confidentiality rules. Transportation staff may comply with mandatory child abuse reporting requirements, suicide risk procedures, or other immediate safety reporting duties when the concern is based on what the employee observed, heard, or personally knows.

Operational Note:

Transportation staff must handle student information with the same care expected of other protected education records.

School bus route sheets, passenger manifests, emergency cards, medical or behavior notes, and transportation plans should not be left where the public, parents, students, or unauthorized personnel can see them. Secure physical documents and protect digital routing tablets or electronic records with district-approved access controls.

When a school district contracts with an outside specialized transportation provider, taxi service, or other third-party provider to fulfill a student's IEP or transportation plan, the district should have a formal data-sharing agreement or other approved arrangement in place. The district should verify that the contractor understands and complies with C.R.S. 22-1-123, FERPA, and the district's confidentiality requirements.

Transportation staff should receive only the student information needed to safely perform their assigned duties. Staff should not discuss student addresses, disabilities, medical needs, behavior plans, family circumstances, or transportation accommodations with other parents, students, unauthorized employees, or outside individuals.

A licensed or authorized school employee who knowingly and intentionally violates student data protection requirements may face disciplinary action, including possible action against state-issued credentials.

Title 22: Education – Safe Schools Framework: Mandatory Incident Reporting

Purpose:

The Colorado Safe Schools framework requires each local board of education to adopt and implement a safe school plan. One part of that framework requires school districts to establish reporting procedures when school employees are subjected to assault, harassment, threats, or other criminal conduct while performing their official duties.

For transportation departments, this framework is important because school bus drivers, monitors, bus attendants, dispatchers, supervisors, and other transportation staff are school employees. Incidents that occur on a school bus, at a bus stop, during loading or unloading, or during a school-sponsored trip may trigger district reporting requirements.

The statute also requires periodic in-service training for district teachers and staff. This training must provide information about the Child Protection Act of 1987, assist staff in recognizing child abuse or neglect, explain how to report suspected abuse or neglect, and address how to assist the child and the child's family.

Transportation Application:

A school bus is treated as an extension of the school environment. Conduct that occurs on the bus or in connection with transportation may need to be handled through both the transportation discipline process and the district's Safe School Reporting process.

The current guide identifies several types of conduct involving teachers, school bus drivers, monitors, or other school employees that must be reported to local law enforcement or another appropriate law enforcement officer. These include:

- **Assault:** intentional physical injury or unwanted violent contact involving transportation personnel;
- **Harassment:** repeated, unwelcome, or threatening behavior directed at an employee on or around school property, including on a school bus or at a designated bus stop;
- **Disorderly conduct:** behavior that disrupts the peace, interferes with safe operations, or creates an immediate hazard;
- **Property damage:** intentional damage to a school bus, transportation property, or the personal property of a transportation employee while on school premises;
- **Knowingly false allegations:** an intentionally false accusation of child abuse or misconduct against a school employee;

- **Any violation of the Colorado Criminal Code:** any other conduct on the bus that constitutes a state-level criminal offense.

Required Action:

School districts must ensure that reportable incidents involving transportation staff are documented and reported through the appropriate district process. If a driver, monitor, or other transportation employee reports a physical altercation, credible threat of violence, assault, harassment, property damage, or other potentially criminal conduct, transportation supervisors must ensure the incident is formally documented and forwarded to the appropriate district safety, security, administrative, and law enforcement contacts.

The Safe Schools framework also establishes a two-way information-sharing structure between public schools and the juvenile justice system:

1. **District to law enforcement:**
   School officials may be required to share truancy, disciplinary, and attendance records when law enforcement requests them during an active investigation.
2. **Law enforcement to district:**
   Juvenile justice agencies are required to notify the school district's board or superintendent when an enrolled student is formally charged with a crime of violence, an unlawful sexual offense, or a weapons violation.

If a student with an IEP or § 504 plan commits an act that triggers a mandatory report to law enforcement, the district may still cooperate with law enforcement to address staff and student safety. However, any later long-term suspension, expulsion, or removal from transportation must still comply with IDEA, § 504, and applicable special education discipline requirements, including a manifestation determination review when required.

Operational Note:

Transportation staff should not decide on their own whether an incident is "serious enough" to report when the conduct may involve assault, harassment, threats, property damage, a knowingly false allegation, or another criminal offense. Staff should follow district reporting procedures and promptly notify the appropriate supervisor or administrator.

Documentation should be factual and timely. Reports should include the date, time, route, bus number, location, individuals involved, witnesses, description of the conduct, immediate safety actions taken, whether law enforcement or security was contacted, and whether video or other evidence may be available.

Transportation supervisors should also make sure staff receive the required safe school and child protection training. Drivers and monitors need to know how to report suspected child abuse or neglect, how to report conduct directed toward transportation employees, and how to preserve student confidentiality while still sharing necessary safety information with authorized personnel.

Title 22: Education – Board of Education – Specific Duties – Student Records

Purpose:

Colorado law requires local school boards to protect certain personal information collected about public school students. Under the Colorado Open Records Act, certain student records are confidential and exempt from public inspection.

Each school district must keep student addresses and telephone numbers confidential, as well as medical, psychological, sociological, and scholastic achievement data collected about individual students.

Protected student information includes:

- **Home addresses and telephone numbers:** Personal contact information may not be released to the public, commercial entities, or unauthorized staff members.
- **Medical data:** Physical health information, medication-related information, and medical transportation requirements.
- **Psychological and sociological data:** Mental health information, functional behavioral assessments, behavior intervention plans, and related student support information.
- **Scholastic achievement data:** Academic test scores, grades, classroom progress information, and other achievement-related records.

Transportation Application:

This statute is important for transportation departments because specialized transportation records often contain protected student information. A student's transportation profile may include the student's name, home address, telephone number, emergency contacts, disability-related transportation needs, medical information, behavioral information, safety plans, specialized equipment needs, or other confidential details.

Transportation departments must protect this information with the same care as other

student records. Only staff who need the information to perform assigned duties should access route sheets, dispatch notes, transportation plans, seating charts, medical alerts, and specialized transportation logs.

Required Action:

Educational entities must maintain the confidentiality of protected student information and limit access to authorized individuals.

The law does allow disclosure under specific circumstances involving juvenile justice, court orders, school safety, or truancy requirements. Transportation staff should handle these exceptions through the proper district process, not through informal releases of student information.

The current law identifies the following exceptions:

1. **Court orders and subpoenas:**
   A student's confidential contact, medical, psychological, or related data may be released to district or municipal court personnel, the Division of Youth Services, county human or social services, or juvenile justice agencies when the school district receives an official court order. The release must occur within 15 days of the district receiving the court order.

2. **Criminal investigations and law enforcement:**
   School superintendents or principals may share disciplinary records and attendance logs with a criminal justice agency when the agency is actively investigating a criminal matter involving the student and certifies in writing that the information is necessary to safely manage the juvenile.

3. **Truancy tracking:**
   School principals or superintendents may provide attendance and truancy data to the court or local parole boards when a student must attend school as a condition of bond or a criminal sentence.

Operational Note:

Transportation staff should not release student records or protected student information directly to outside individuals or agencies unless authorized through the district's approved process.

Student transportation profiles should be secured. Do not leave physical route sheets in public areas, on bus seats, in unsecured offices, or anywhere unauthorized individuals can view them. Password-protect digital routing tablets, student databases, and driver

portals, and access them only through district-approved systems.

Drivers and monitors should receive the information necessary to transport the student safely, but not unrelated student records. They may need to know a student's authorized stop, emergency contact procedure, medical transportation precaution, behavior support direction, or required equipment. They should not receive broader educational, psychological, family, or disciplinary information unless it is necessary for transportation.

If a student is placed on an alternative route or requires specialized transportation because of a court order, safety plan, juvenile justice involvement, or coordinated agency process, the transportation director or appropriate supervisor may receive the scheduling, routing, and safety information needed to fulfill the district's responsibilities.

Transportation staff should avoid discussing student addresses, phone numbers, medical needs, behavior plans, court involvement, or family circumstances with other parents, students, unauthorized staff, or community members. When you are unsure whether information may be shared, refer the request to the appropriate district administrator, records custodian, legal counsel, or designated student records official.

Title 22: Education – Protection of Students from Restraint and Seclusion

Purpose:

Colorado law regulates when and how schools may use restraint or seclusion with students. Restraint may not be used as punishment, discipline, retaliation, staff convenience, or a substitute for appropriate behavioral support.

The law protects student safety while recognizing that limited physical intervention may be necessary in an emergency when there is an immediate threat of physical injury.

For purposes of this section, restraint includes chemical restraint, mechanical restraint, physical restraint, and seclusion.

Transportation Application:

This law is important for transportation departments because student behavior on a school bus can pose immediate safety concerns in a confined, moving environment. Drivers, monitors, and bus attendants may encounter physical altercations, attempts to exit the vehicle, interference with the driver, unsafe movement while the bus is in motion, or behavior that places the student or others at risk.

Transportation staff must understand the difference between a brief safety intervention and a reportable restraint. Under Colorado law, a physical intervention lasting one minute or less used to protect the student, others, or property is not considered a

physical restraint. If bodily force is used to limit a student's voluntary movement for more than one minute, it becomes a physical restraint and triggers statutory requirements.

Certain restraints are prohibited or restricted:

- **Chemical restraint** means involuntarily administering medication to a student for the purpose of restraining the student. It does not include medications regularly administered for medical treatment, such as asthma or mood disorder medications, insulin, or glucagon. It also does not include medication used for voluntary or life-saving medical procedures, such as epinephrine or diazepam.
- **Mechanical restraint** means using a physical device to restrict a student's voluntary freedom of movement or the movement or normal function of a part of the student's body.
- **Prone restraint** means restraining a student in a face-down position and is not permitted.
- **Seclusion** means placing a student alone in a room or area from which the student is prevented from leaving. Seclusion is a form of restraint. A time-out differs from seclusion because the student is not prevented from leaving.

For school transportation, safety equipment is not treated the same as mechanical restraint when it is used for transportation safety and is properly authorized. Safety vests, harnesses, seat belts, specialized car seats, and wheelchair tie-down or securement systems may be used when they are recommended by the appropriate professional and documented in the student's IEP or § 504 plan.

Required Action:

Transportation staff may use reasonable and appropriate physical intervention only when necessary to respond to an emergency and after less restrictive alternatives have failed or are not available under the circumstances.

An emergency includes a serious, probable, and imminent threat of bodily harm to the student or others when there is a present ability to cause that harm. In transportation, this may include a student assaulting another person, attempting to interfere with the driver, attempting to exit a moving vehicle, possessing a dangerous weapon, or engaging in conduct that creates an immediate risk of physical injury.

If physical restraint is used, the educational entity must ensure that:

- the restraint does not place excess pressure on the student's chest or back;
- the restraint does not interfere with or compromise the student's breathing;

- the student is released from physical restraint within fifteen minutes after the restraint begins, unless releasing the student would be unsafe;
- staff involved in using restraint are trained in the appropriate use of restraint;
- staff are trained to explain the use of restraint to the student and the student's family.

If a transportation staff member uses physical restraint for more than one minute, the incident must be reported and reviewed in accordance with legal and district requirements. The current guide identifies the following steps:

1. **Internal incident report:**
   The employee who used the restraint must submit a formal written report to the transportation supervisor and school administration no later than one school day after the incident.
2. **Same-day parent notification for restraint lasting 1 to 5 minutes:**
   If the restraint lasted between one and five minutes, the district must notify the parent or guardian in writing on the same day the incident occurred.
3. **Formal written report for restraint lasting 5 minutes or longer:**
   If the restraint lasted five minutes or longer, the administration must verbally notify the parent or guardian immediately and provide a formal written report within five calendar days. The report must include the de-escalation efforts attempted before the restraint.
4. **Annual review:**
   The transportation department should participate in the annual review of restraint data to identify patterns, training needs, staffing concerns, route concerns, seating issues, or other preventive measures.

Operational Note:

Transportation staff should use de-escalation and positive behavior support strategies whenever possible. Use physical intervention only when necessary to protect the student, other students, staff, or the safe operation of the vehicle.

If an emergency occurs while the bus is moving, the driver should safely pull the vehicle to the right side of the road, secure the vehicle, and address the immediate safety concern as circumstances allow. The driver's first responsibility remains operating the vehicle safely.

Transportation staff should document the facts of the incident, including the date, time, route, bus number, location, student behavior, staff response, de-escalation attempts,

duration of any physical restraint, injuries or complaints of pain, witnesses, parent or school notification, and whether video is available.

If a student has repeated physical outbursts or unsafe behavior on the bus, the transportation supervisor should coordinate with the student's IEP team or § 504 team. The student may need a transportation-specific behavior plan, updated supports, assigned seating, additional staffing, equipment review, staff training, or another intervention designed for the bus environment.

Colorado Nurse Practice Act – Medical Delegation on School Transportation, C.R.S. §§ 12-255-101 to 12-255-136

Purpose:

The Colorado Nurse Practice Act regulates safe nursing practice in Colorado. In a school setting, it establishes who may perform nursing tasks, administer medication, or provide medical interventions to students.

Because most school transportation routes do not have a nurse on board, school transportation employees, including drivers and monitors, are generally considered Unlicensed Assistive Personnel (UAPs). A UAP may perform a nursing task only when a licensed Registered Nurse has personally assessed the student, determined that the task may be safely delegated, trained the specific staff member, and formally delegated the task.

Transportation Application:

This law is important for transportation departments because some students require medical support during transportation. This may include emergency medication, seizure response, monitoring of specialized medical equipment, airway positioning, or other health-related procedures connected to the student's IEP, § 504 plan, Individualized Health Care Plan, or transportation health care plan.

Transportation staff may not provide medical care simply because a parent, principal, dispatcher, supervisor, or transportation administrator asks them to. Only a licensed Registered Nurse may delegate a nursing task. Parents may provide important medical information, but they cannot directly delegate nursing tasks to bus staff.

When delegating a nursing task to transportation staff, the school nurse must consider the Five Rights of Delegation:

1. **The Right Task** – Is the task safe, routine, and predictable?
2. **The Right Circumstance** – Is the student stable enough for the task to be performed in a transportation setting?

3. **The Right Person** – Has the specific driver, monitor, or assigned staff member been trained?
4. **The Right Direction** – Are the instructions clear, documented, and understood?
5. **The Right Supervision** – Can the nurse provide appropriate review and follow-up?

Delegation is not permanent and is not a blanket approval. In Colorado school settings, delegation to a UAP must be reviewed, re-evaluated, and renewed at least once each school year for each specific student and staff assignment.

Required Action:

If a student requires a delegated medical intervention on the school bus, the educational entity must ensure that the assigned transportation staff are trained and formally cleared by the school nurse before transportation begins.

Common tasks that may be delegated to trained transportation staff include, but are not limited to:

- administering emergency auto-injectors, such as EpiPens, for severe allergic reactions;
- administering emergency rescue medications for epilepsy or seizures, such as Diastat or intranasal Midazolam;
- basic, routine monitoring of specialized medical equipment, such as tracking an oxygen tank monitor or managing a student's positioning to help maintain a clear airway.

Some tasks may not be delegated to transportation staff. Transportation staff cannot be assigned tasks that require independent professional nursing judgment, ongoing physical assessment, or complex medical decision-making. This includes calculating medication dosages, administering initial doses of new medications, or performing complex or unstable medical procedures.

When a delegated task is assigned, transportation staff must follow the nurse's written instructions exactly. Staff should not modify the procedure, substitute their own judgment, or perform a task that has not been delegated to them.

Operational Note:

Transportation departments should not assign a driver, monitor, or other transportation staff member to a route requiring delegated medical care unless the school nurse has trained that staff member and approved them to perform the specific task for the specific student.

Delegation is staff-specific and student-specific. If a substitute driver or monitor is assigned to the route, the substitute may not perform the delegated medical task unless the school nurse has trained and approved that person. If trained staff are not available, the transportation supervisor must coordinate with the school nurse and an appropriate administrator before providing transportation.

If the student's medical condition changes, becomes unstable, or appears different from the information provided in the transportation health plan, transportation staff should notify the school nurse and supervisor as soon as possible. The nurse should determine whether the current delegation remains appropriate or whether the transportation plan needs review.

Delegated medical training does not replace emergency medical services. If a medical emergency occurs on the bus, staff should follow the student's emergency plan, provide any delegated emergency intervention they have been trained and approved to provide, and contact 911 when required by the plan or when the situation appears urgent.

Transportation supervisors should maintain regular communication with the school nurse when a student's medical needs affect transportation. The nurse is responsible for determining whether a nursing task may be safely delegated, training and supervising assigned staff, and helping coordinate the student's health-related transportation plan. Transportation departments should identify the school nurse contact and obtain necessary medical transportation information before service begins.

COMMONLY USED ACRONYMS

A	AAMVA	American Association of Motor Vehicle Administrators
	AAV	Allowable Alternative Vehicle
	ADA	Americans with Disabilities Act
	ADD	Attention Deficit Disorder
	ADHD	Attention Deficit Hyperactivity Disorder
	AED	Automated External Defibrillator
	ASD	Autism Spectrum Disorder
	ASL	American Sign Language
B	BD	Behavioral Disorder
	BIP	Behavioral Intervention Plan

C	CAPTA	Child Abuse Prevention and Treatment Act
	CFR	Code of Federal Regulations
	CP	Cerebral Palsy
	CSRS	Child Safety Restraint System
	CSS	Child Safety Seat
	CWA	Child Welfare Agency
D	DB	Deaf-Blind
	DD	Developmental Delay/Disability
E	EC	Early Childhood
	ECSE	Early Childhood Special Education
	ED	Emotional Disturbance
	EI	Early Intervention
	ESA	Educational Service Agency
	ESEA	Elementary and Secondary Education Act
	ESL	English as a Second Language
	ESSA	Every Student Succeeds Act
	ESY	Extended School Year
F	FAPE	Free Appropriate Public Education
	FBA	Functional Behavior Analysis
	FERPA	Family Educational Rights and Privacy Act
	FMCSR	Federal Motor Carrier Safety Regulations
	FMVSS	Federal Motor Vehicle Safety Standards
G	GE	General Education
	GEPA	General Education Provisions Act
H	HoH	Hard of Hearing
	HHS	Health and Human Services

	HS	Head Start
I	IAES	Interim Alternative Educational Setting
	ID	Intellectual Disability
	IDEA	Individuals with Disabilities Education Act
	IEE	Independent Education Evaluation
	IEP	Individualized Education Plan
	IFSP	Individualized Family Service Plan
	IHCP	Individualized Health Care Plan
	ISP	Individualized Service Plan
	ITP	Individualized Transportation Plan
J	JJ	Juvenile Justice
K	KEA	Kindergarten Entry Assessment
L	LATCH	Lower Anchors and Tethers for Children
	LD	Learning Disability
	LEA	Local Education Agency
	LEP	Limited English Proficiency
	LOR	Length of Ride
	LRE	Least Restrictive Environment
M	MTSS	Multi-Tiered System of Support
N	NCLB	No Child Left Behind
	NE	Natural Environment
O	OCR	Office for Civil Rights
	OEL	Office of Early Learning
	OESE	Office of Elementary and Secondary Education
	OHI	Other Health Impairment
	OPE	Office of Post-Secondary Education

	OSEP	Office of Special Education Programs
	OSERS	Office of Special Education and Rehabilitative Services
	OT	Occupational Therapy
P	Part B	IDEA Part B Program for children aged 3 through 21
	Part C	IDEA Part C Early Intervention Program for children from birth through age 3
	PBIS	Positive Behavioral Interventions and Supports
	PPT	Planning and Placement Team
	PT	Physical Therapy
	PWN	Prior Written Notice
S	SEA	State Education Agency
	SEL	Social Emotional Learning
	SLD	Specific Learning Disability
	SLP	Speech Language Pathologist
	SPED	Special Education
T	TBI	Traumatic Brain Injury
U	UAP	Unlicensed Assistive Personnel
	UPK	Universal Preschool Program
	USC	United States Code
V	VI	Visual Impairment
	VR	Vocational Rehabilitation
W	WTORS	Wheelchair Tiedown Occupant Restraint System
	WC18	Wheelchair Quality Standard 18 – The Hardware
	WC19	Wheelchair Quality Standard 19 – The Wheelchair
	WC20	Wheelchair Quality Standard 20 – The Seating
Numerical	504	Rehabilitation Act of 1973. Enforced by the Office for Civil Rights.

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SECTION 2
POLICY, PROCEDURE, AND LEGAL BOUNDARIES

OVERVIEW

School transportation departments operate under several layers of authority. Federal law, state law, administrative rules, local board policy, department procedures, best practices, and training requirements all affect how transportation services are provided.

This is especially important when transporting students with disabilities, medically fragile students, preschool-aged children, or students who require specialized equipment, medical support, behavior support, or individualized transportation planning.

Understanding the difference between a law, rule, policy, procedure, best practice, and training requirement helps transportation staff know what is legally required, what is locally directed, and what is recommended as a safety practice. A local procedure may explain how an Educational Entity carries out a requirement, but it cannot reduce, ignore, or conflict with a higher legal obligation.

THE COMPLIANCE HIERARCHY MATRIX

Daily transportation operations are guided by several levels of authority. These levels flow from the highest legal authority down to local implementation and staff training. A lower-level document, such as a department procedure, may be more specific than a higher-level document, but it cannot contradict or weaken a federal law, state law, or administrative rule.

Law (Statutes)

Definition:

A requirement passed by a legislative body and signed by the Chief Executive. At the Federal level, the legislative body is Congress. At the State level, it is the state legislature.

Authority:

Laws are binding and must be followed. Federal laws, such as the Individuals with Disabilities Education Act and § 504 of the Rehabilitation Act, establish student rights and educational obligations. State laws, such as provisions in the Colorado Revised Statutes, establish additional requirements for schools, transportation services, student safety, records, reporting, and related responsibilities.

Effect of Non-Compliance:

Failure to follow applicable law may result in corrective action, civil rights complaints, loss or withholding of funds, administrative review, litigation, or other enforcement actions.

Rules and Regulations (Administrative Code)

Definition:

Rules and regulations are requirements adopted by an authorized agency or department to carry out a law. Administrative rules are adopted through a formal rulemaking process and have the force and effect of law once adopted.

Authority:

Rules and regulations are binding. In school transportation, rules such as 1 CCR 301-26 and 1 CCR 301-25 establish operational, maintenance, inspection, vehicle, training, and safety requirements that educational entities must follow.

Effect of Non-Compliance:

Failure to follow applicable rules may result in corrective action, loss of vehicle or driver authorization, findings of noncompliance, decertification, funding consequences, or other action allowed under rule or law.

Policy (Board of Education Mandates)

Definition:

Policy refers to formal direction adopted by a local board of education or governing body. Policy establishes the local educational entity's expectations, boundaries, and decision-making framework.

Authority:

Policy is binding within the Educational Entity. It may address topics such as student eligibility, transportation services, behavior expectations, safety practices, parent and staff responsibilities, equipment use, and district-level procedures for implementing legal requirements.

Effect of Non-Compliance:

Employee disciplinary action up to and including immediate termination, along with immense local district civil liability.

Procedure (Operational Workflows)

Definition:

Procedure refers to the written steps or standardized process used to carry out a law, rule, policy, or local operational expectation. Procedures explain how the work is to be done.

Authority:

Procedures are mandatory for staff once the educational entity or transportation department adopts them. They give employees the specific steps needed to perform daily duties consistently and safely.

Effect of Non-Compliance:

Failure to follow procedure may result in retraining, supervision, corrective action, discipline, or a review of whether the procedure itself needs clarification or updating.

Best Practice / Recommendation

Definition:

A best practice or recommendation is guidance developed from industry knowledge, safety research, professional experience, or national transportation organizations such as the National Highway Traffic Safety Administration or the National Congress on School Transportation.

Authority:

Advisory rather than regulatory. While not technically a written law, a best practice represents the safest known way to operate.

Effect of Non-Compliance:

A transportation department may choose a different method when appropriate, but the alternative should be reasonable, documented, and support student safety. If a best practice is not followed, the educational entity should be able to explain why it selected another method and how it addressed safety.

Training

Definition:

Training is the formal instruction, practice, demonstration, and documentation provided to transportation employees so they understand their responsibilities and can safely perform assigned duties.

Authority:

Training is required for safe transportation operations. Staff should not be assigned to operate specialized equipment, transport students with complex needs, perform delegated medical tasks, or implement specialized procedures unless they have received the required training and demonstrated the ability to perform these tasks safely.

Effect of Non-Compliance:

Failure to provide or complete required training may result in route delays, staff reassignment, removal from a route, corrective action, or a review of whether the educational entity can safely provide the service as scheduled.

THE COMPLIANCE HIERARCHY IN ACTION: THE WHEELCHAIR SECUREMENT MATRIX

The following example shows how one transportation issue, transporting a student who uses a wheelchair, may involve all six levels of authority.

Table 2: Sample Compliance Hierarchy Matrix

Level	Specific Source	Expectation
LAW	IDEA (Federal)	The student may have a legal right to transportation when it is necessary to access education, receive special education services, or participate in school programs without disability-based discrimination.
RULE / REGULATION	1 CCR 301-26 (State)	The vehicle and securement equipment must meet applicable state transportation, vehicle, and safety requirements.

POLICY	Local Board Policy	The educational entity may adopt a policy requiring that mobility equipment be reviewed before transportation begins or that specific approval be obtained before a student is transported in a wheelchair.
PROCEDURE	Department Procedure	The driver and assistant follow the department's step-by-step process for loading, positioning, securing the wheelchair, applying occupant restraint, checking securement, and unloading.
BEST PRACTICE	NHTSA Advisory	Staff may follow recommended practices for lift operation, wheelchair positioning, securement angles, occupant restraint, communication with the student, and prevention of tipping or movement.
TRAINING	CDE Certified Trainer	The assigned staff must be trained and able to demonstrate proper use of the lift, wheelchair securement system, occupant restraint system, and emergency procedures before transporting the student.

CHECKLIST FOR SUPERVISORS

Transportation directors, supervisors, routers, and trainers should review departmental documents regularly to ensure the language matches the level of authority behind the requirement.

Review "must," "shall," "should," and "may."
Use mandatory language when an action is required by law, rule, policy, or procedure. Use advisory language only when the action is truly recommended, not required. For example, if checking a wheelchair securement system is required before movement, the procedure should not describe that step as optional.

Connect local requirements to their source.
When a local handbook, parent guide, driver manual, or transportation procedure creates a specialized transportation requirement, identify the legal, rule, policy, or safety basis for that requirement when possible. This helps staff understand whether the requirement comes from federal law, state law, CDE rule, local board policy, or department procedure.

Document alternatives to best practices.
Local geography, vehicle availability, infrastructure, student needs, or equipment limitations may require a transportation department to use a method that differs from

common industry best practices. When that happens, review, approve, and document the alternative method. The documentation should explain why the alternative was selected and how it addressed student safety.

Match training records to route assignments.
Before assigning a driver, monitor, or bus attendant to a specialized route, supervisors should confirm that the employee has completed the training required for the student, equipment, medical need, behavior plan, or transportation procedure involved. Training records should match the actual route assignment and student needs.

Review specialized transportation documents annually.
Review specialized transportation procedures, route sheets, equipment instructions, emergency plans, delegated medical care documentation, and staff training records at least annually and whenever a student's needs, equipment, placement, or transportation arrangement changes.

Table 3: SPECIALIZED TRANSPORTATION RESPONSIBILITY MATRIX

Role	Intake and decision	Implementation and review	Emergency or change
Transportation supervisor	Receives request; identifies operational questions; confirms target date.	Assigns route, vehicle, equipment, staffing, training, and substitute coverage; maintains records.	Coordinates response, service continuity, notifications, and operational review.
School Transportation Vehicle Operator	Provides route/vehicle feasibility input without making eligibility decisions.	Completes pre/post-trip checks; follows the current plan; reports concerns and changes.	Protects immediate safety, activates EMS/dispatch, follows the plan, and documents facts.
Bus attendant	Provides assistance and supervision input.	Performs assigned supports within training and scope; communicates observations.	Carries out trained emergency duties and supports evacuation, accountability, and documentation.
Special education representative/ case manager	Convenes or informs the IEP team; communicates required related services and accommodations.	Confirms transportation plan aligns with the IEP; brings proposed changes back to the team.	Coordinates educational-team review when access, placement, behavior, or services may be affected.
§ 504 coordinator/ designee	Confirms the 504 process and disability-related transportation accommodations.	Monitors implementation and nondiscrimination obligations.	Reviews access concerns, complaints, or material accommodation changes.
School nurse/ authorized health professional	Determines needed health information; develops or approves student-	Trains/validates authorized personnel as required; reviews health equipment,	Directs health-plan revision and clinical follow-up within scope;

	specific health actions and delegation.	medication, and changes.	supports emergency debrief.
Related-service provider/ behavior specialist	Identifies functional access, positioning, communication, sensory, or behavior needs.	Recommends and verifies supports; participates in training and review.	Assists with post-event analysis and plan adjustment.
Parent/ guardian and student, as appropriate	Shares relevant routines, equipment information, successful supports, and concerns.	Supports safe handoff and communicates material changes promptly.	Provides updated information and participates in team review; does not direct staff outside the approved plan.

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SECTION 3
EQUIPMENT

EQUIPMENT OVERVIEW

Select, install, use, and maintain specialized transportation equipment with the individual student in mind. The correct equipment depends on the student's age, size, disability-related needs, mobility, medical condition, behavior, communication needs, and the type of vehicle being used.

Coordinate equipment decisions with the appropriate team members. This may include transportation staff, special education staff, the school nurse, occupational or physical therapists, the parent or guardian, and, when required, the IEP or § 504 team. Transportation staff bring important practical knowledge to these decisions because they understand the vehicle, route conditions, loading and unloading process, equipment compatibility, and staff training needs.

Before placing equipment into service, the transportation department should confirm it is appropriate for the student, compatible with the vehicle, installed according to manufacturer instructions, and understood by the staff assigned to use it. Do not treat equipment as safe simply because it is available. It must fit the student, fit the vehicle, and be used correctly.

Equipment used during transportation may serve different purposes. Some equipment provides crash protection. Some equipment is used for positioning or support. Some equipment supports medical care, communication, mobility, or comfort. Not all positioning devices are designed or tested for crash protection, so staff should verify the equipment's purpose and limitations before use during transportation.

When selecting equipment, the team should consider:

- the student's height, weight, age, and physical development;
- the student's mobility, trunk control, head control, and positioning needs;
- whether the student can remain safely seated during transport;
- medical or behavioral needs that may affect transportation;
- whether the equipment meets applicable federal motor vehicle safety standards;
- whether the equipment is compatible with the assigned vehicle;
- whether the equipment can be installed and secured according to the manufacturer's instructions;
- whether assigned staff have been trained to use it correctly;
- whether the equipment affects emergency evacuation.

Vehicle Equipment

The vehicle assigned to a student with specialized transportation needs should meet the student's individual needs and the services required during transportation. Vehicle equipment may include integrated child safety restraint seating, wheelchair lifts or ramps, air conditioning, mobility-device securement systems, lap and shoulder belts, specialized seating, or other equipment needed to safely transport the student.

Make vehicle and equipment decisions in coordination with the appropriate staff. This may include transportation personnel, special education staff, the school nurse, occupational or physical therapists, the parent or guardian, and, when appropriate, the IEP or § 504 team. The goal is to match the student, equipment, staff training, and vehicle assignment before transportation begins.

Before placing a vehicle or specialized equipment into service, the transportation department should inspect and evaluate the equipment to confirm it is present, functional, compatible with the vehicle, and appropriate for the assigned student.

This review should include, as applicable:

- child safety restraint systems;
- mobility-device tie-down and occupant restraint systems;
- lap and shoulder belts, including belts at passenger seats and mobility-device stations;
- wheelchair lift or ramp operation, including manual operation;
- securement points and anchorages;
- climate-control needs, when required for the student;
- emergency equipment related to the student's transportation needs;
- other assistive or adaptive devices necessary for safe transportation.

Assigned transportation staff shall be trained on the equipment they are expected to use. Staff should understand how the equipment operates, how to inspect and secure it, what to do if it does not work properly, and how it affects emergency evacuation.

Follow manufacturer instructions when installing, inspecting, operating, or maintaining vehicle equipment. Some manufacturers provide written materials, videos, or other training resources explaining the construction and operation of their equipment. Transportation departments should keep these materials available for staff training and reference when the equipment is used in daily service.

Passenger Equipment

Passenger equipment is required to be based on the individual student's needs and the transportation service being provided. Equipment may be required for mobility, positioning, communication, medical support, behavior support, or crash protection.

When passenger equipment is needed, transportation staff should work with the appropriate team members before transportation begins. This may include special education staff, the school nurse, occupational or physical therapists, the parent or guardian, and, when appropriate, the IEP or § 504 team. If obtaining a required safety vest, child safety restraint system, medical support device, or other specialized equipment will delay the start of transportation, communicate the delay and address it through the appropriate planning process.

Passenger equipment may include the following:

Augmentative and Assistive Devices

Augmentative and assistive devices may include communication devices, mobility aids, positioning supports, or other equipment the student needs during the school day or while being transported.

- Communication devices: Augmentative and Alternative Communication (AAC) speech-generating devices or communication boards.
- Mobility aids: Manual/power wheelchairs, walkers, crutches, and adaptive strollers.
- Positioning supports: Safety vests, chest straps, or specialized padding used for posture support during transport.
- Other essential equipment: Medical monitors, oxygen systems, and suction devices necessary for the student's well-being throughout the school day and during transportation.

These items must be secured during transportation. They may not block the aisle, emergency exits, wheelchair lift area, driver compartment, or any area needed for safe loading, unloading, or evacuation.

Battery-Powered Equipment

Review battery-powered equipment before transportation begins to determine whether it can be safely transported and secured. When required for transportation safety, use sealed, spill-resistant batteries, such as sealed lead-acid or gel-cell batteries.

Transportation staff should know how to secure the equipment, whether it must be turned off during transport, and what steps to take if it fails, overheats, leaks, or poses a safety concern.

CHILD SAFETY RESTRAINT SYSTEM (CSRS)

Child Safety Restraint System (CSRS) Selection

Many types of child safety restraint systems exist, and not every system is appropriate for every student or vehicle. Select the correct CSRS based on the student's individual needs, the type of vehicle used, and the required installation of the restraint system.

CSRS selection should be made through a team process. Depending on the student's needs, this may include transportation staff, the parent or guardian, special education staff, the school nurse, occupational or physical therapists, and, when appropriate, the IEP or § 504 team.

If a restraint system is required for transportation, the educational entity must provide it at no cost to the parent or guardian. Parents should not be required to provide a restraint system necessary for the student to access transportation. Parent input is valuable, especially when the student already uses a particular device, but the transportation department must still confirm that the CSRS is appropriate for transportation use, compatible with the vehicle, and installed according to manufacturer instructions.

Many young children with disabilities can be safely and comfortably transported in conventional child safety seats. These seats are often readily available and may meet the student's needs when selected and installed correctly. Students who exceed the height or weight limits of conventional seats, or who need additional medical, behavioral, or positioning support, may require a specialized restraint system.

When selecting a CSRS, the team should consider:

- the student's height and weight;
- the student's age and physical development;
- the level of trunk or head support needed;
- whether the student needs support or control of the arms, legs, or body position;
- medical needs, including whether the student must lie flat or ride in a semi-reclined position;
- the level of supervision needed during transportation;
- behavioral characteristics that may affect safe seating;

- whether the student can escape from or defeat a standard restraint system;
- the assigned vehicle type and seating configuration;
- whether the CSRS can be installed correctly on the assigned bus seat or vehicle seat;
- whether the restraint affects loading, unloading, aisle access, or emergency evacuation.

A CSRS used for transportation must be appropriate for the student and, when required, meet the applicable requirements of Federal Motor Vehicle Safety Standard 213. Staff should check the manufacturer's label and instructions before using the equipment.

When securing a CSRS in a school bus, transportation staff should confirm that:

- The CSRS fits within the school bus seat when placed in the required rear-facing or forward-facing position;
- At least 80 percent of the base of the child safety seat rests on the bus seat, unless manufacturer instructions allow otherwise;
- The CSRS can be installed tightly and correctly using the available belt path, anchorage, or securement method;
- The CSRS can be reclined if the student's condition requires it and the manufacturer allows it;
- Any required tether can be properly attached and adjusted according to the manufacturer's instructions;
- The CSRS does not block the aisle, emergency exits, or required movement inside the vehicle;
- The student can be safely evacuated from the restraint in an emergency.

If the CSRS cannot be installed correctly, does not fit the student or the vehicle, or cannot be used according to the manufacturer's instructions, do not place it into service until the concern is reviewed. The team may need to select a different restraint system, adjust the vehicle assignment, consult a Child Passenger Safety Technician, or request additional guidance from the manufacturer.

Car Seats on School Buses

Traditional car seats protect a child's airway, spine, and body position during transportation. To provide that protection, the restraint must be installed at the correct angle, fit the child properly, and be compatible with the seat it is used on.

These seats are primarily designed for passenger vehicles. Rear-facing seats generally require a reclined position, often between approximately 30° and 45° from vertical, depending on the child's age, size, and head and neck control. Newborns and very young infants usually require a greater recline to help prevent the head from falling forward and affecting the airway. Older infants with improved head and neck control may be able to ride at a more upright angle if allowed by the manufacturer's instructions.

Forward-facing child restraints are also designed to rest securely against a passenger vehicle seat. The angle and shape of the vehicle seat help support the restraint and allow it to be installed as intended by the manufacturer.

School bus seats are different. They are designed around the principle of compartmentalization, which uses closely spaced, high, energy-absorbing seat backs to help protect passengers during a crash. Because school bus seats are engineered for crash protection, their spacing, seat-back angle, and seat-bottom angle may not match the design assumptions of a traditional passenger-vehicle car seat.

This difference can create installation concerns. A traditional car seat may press against both the school bus seat it is installed on and the seat directly in front of it. FMVSS 222 limits school bus seat spacing to maintain compartmentalization, and there may not be enough room to install some child restraints at the angle the manufacturer requires.

When a restraint is wedged into the seating area, it may place stress on the seat backs or foam and interfere with how the school bus seating system is intended to perform. It may also affect the usability of nearby seats. In some situations, the seat where the restraint is installed and the seats directly in front of or behind it may need to remain unoccupied unless those passengers are also properly restrained.

For these reasons, restraint systems designed specifically for school bus use are often the better option. These systems are intended to work with school bus seating while still providing appropriate restraint for the child. They may include cam-wrap systems, safety vests, structured booster-style systems, or integrated school bus seats with built-in five-point restraints. Many integrated school bus restraint systems are designed for children within a specific weight range, typically 26 to 90 pounds, depending on the manufacturer.

Any restraint system used on a school transportation vehicle must be appropriate for the child's age, height, weight, physical development, and individual transportation needs. It must also be installed and used according to the manufacturer's instructions.

When a restraint system attaches to or wraps around the school bus seat back, the seat directly behind that restraint should remain unoccupied unless the passenger seated behind it is also properly restrained. Compartmentalization was not designed for an

unrestrained passenger to load against a seat back used as part of a tethered or wrapped restraint system.

Traditional child car seats may not always be compatible with school bus seating. Restraint systems designed for school buses, including cam-wrap systems and integrated seats, are intended to provide appropriate child restraint while allowing the school bus seating system to function as designed.

Using Child Safety Restraint Systems Correctly

A Child Safety Restraint System is only effective when it is selected, installed, adjusted, and used correctly. Transportation staff, parents or guardians, and school staff who assist with loading or securement should understand how the system is intended to be used and what constitutes misuse.

The transportation department should keep a copy of the manufacturer's instructions on file for each CSRS used in transportation. When practical, staff assigned to the route should also have access to the instructions. Follow manufacturer instructions for installation, direction of use, belt path, harness placement, tether use, recline angle, height and weight limits, cleaning, maintenance, and post-crash replacement.

Misuse of a CSRS can reduce or defeat the protection the system is designed to provide. A student may be improperly positioned, partially restrained, or able to move out of the restraint during normal transportation, a sudden stop, an emergency maneuver, or a crash. Staff should not only confirm that the student is buckled; they should confirm that the student is correctly restrained.

Before using a CSRS in daily transportation, assigned staff shall be trained to install the restraint, secure the student, check for proper fit, release the student quickly, and respond if the equipment does not work as intended. Training should also include emergency evacuation procedures.

To reduce CSRS misuse, transportation staff should check the following:

- Is the CSRS appropriate for the student's age, height, weight, and physical needs?
- Is the CSRS facing the correct direction based on the student's size, condition, manufacturer's instructions, and applicable requirements?
- Is the recline angle appropriate for the student's size, orientation, medical condition, and the manufacturer's instructions?
- Is the correct belt path being used?
- Is the vehicle belt or securement strap routed correctly and pulled tight?

- If a tether or additional anchor is required by the manufacturer, is it attached and adjusted correctly?
- Are the harness straps routed through the correct slots for the student's size and direction of travel?
- Are the harness straps snug against the student's body?
- Is the chest clip, if present, positioned according to the manufacturer's instructions?
- Is the safety vest, if used, placed correctly over the shoulders and adjusted snugly?
- If the vest uses an adjuster slide or similar mechanism, has it been secured according to the manufacturer's instructions?
- Is the student wearing a heavy winter coat or bulky clothing that prevents the harness or vest from fitting properly?
- Has the CSRS been checked for recalls?
- Has the CSRS been inspected for wear, damage, missing parts, contamination, expired labeling, or other conditions that may affect safety?
- Has the CSRS been involved in a crash or incident requiring removal from service under manufacturer guidance or district procedure?

Remove heavy coats and bulky clothing when they interfere with proper safety vest fit. A safety vest may appear snug over a heavy coat but still leave too much space between the restraint and the student's body.

Do not use a CSRS if it is expired, damaged, missing required parts, under recall without repair, incompatible with the vehicle seat, or cannot be installed according to the manufacturer's instructions. If staff cannot achieve a secure installation or proper student fit, report the concern before transporting the student in that system.

Positioning Children in the Child Safety Restraint Systems

Proper positioning is essential when transporting infants, toddlers, and students who require additional support. A Child Safety Restraint System is only effective when the student is positioned correctly, the restraint is installed according to the manufacturer's instructions, and staff understands how to secure and release the student safely.

Transportation staff should consult with the appropriate team members when a student has medical, developmental, orthopedic, behavioral, or positioning needs that may affect safe transportation. This may include an occupational therapist, a physical

therapist, a school nurse, a parent or guardian, a special education representative, or a Child Passenger Safety Technician.

The transportation department's role in installing equipment, positioning students, securing restraint systems, and assisting during evacuation should be clearly defined before transportation begins. Staff assigned to use the equipment must be trained on the specific restraint system and the individual student's transportation needs.

SPECIFIC POSITIONING SUPPORTS AND RESTRAINT TYPES

Infants Facing Rearward

Keep infants and young children in a rear-facing Child Safety Restraint System (CSRS) for as long as possible, up to the manufacturer's height and weight limits. Rear-facing seats provide critical support for a child's head, neck, and spine. For infants, ensure the CSRS is reclined, typically at a 45° angle unless the manufacturer specifies otherwise, to help keep their airway open.

Infants often outgrow infant-only seats before they are ready to ride forward-facing. When a child reaches the manufacturer's height, weight, or seat-top limits, evaluate them for a rear-facing convertible CSRS. Transporting infants in smaller-capacity vehicles ensures proper seat securement, angle alignment, compartmentalization, and safer emergency evacuation. Final placement must comply with district procedures and manufacturer guidelines.

For more information, please review Section 10: Preschool and Infant Transportation.

Safety Vests

Safety vests provide additional support for students who cannot remain safely seated during transit. All vests must comply with Federal Motor Vehicle Safety Standard (FMVSS) 213 and be selected based on the student's age, height, weight, physical development, and specific needs. If the vest uses a seatback wrap mount, the seat directly behind must remain vacant or carry a properly restrained passenger, per district policy.

Staff must be trained on vest fit, seat-mount installation, securement, emergency release, and model-specific mechanics before daily use.

Prior to each trip, staff must confirm that:

- The vest is adjusted snugly to the student, the adjuster prevents loosening during the ride, and the system is readjusted if assigned to a different student.

- Shoulder straps are positioned correctly and remain over the shoulders throughout transportation.
- If applicable, the retainer clip is set at armpit level, and any single metal slide has the strap end doubled back through it to prevent slippage.
- Personnel know how to release the student rapidly in an emergency.

Special Positioning Seats and Tethers

Any positioning device used as a vehicle restraint must be dynamically crash-tested and explicitly labeled as compliant with Federal Motor Vehicle Safety Standard (FMVSS) 213; do not use unlabeled devices for restraint during transit. Larger special positioning seats often require a top tether strap to keep the unit upright during sudden stops or crashes.

Tethers must always be manufacturer-supplied or approved, never modified or improvised, and transportation staff must verify the bus seat allows for proper tether angling without obstructing aisles or emergency exits. If a seat cannot be mounted securely according to instructions, do not use it. Finally, when identifying appropriate equipment is difficult for students with complex physical needs or those exceeding standard size limits, staff should consult an interdisciplinary team, including physical or occupational therapists, school nurses, special education representatives, or a certified Child Passenger Safety Technician.

See http://www.carseatscolorado.com/#.

Padding for Torso Support

Some students with low muscle tone, limited trunk control, or other physical needs may require additional support to maintain safe and comfortable body positioning in the CSRS. When padding is needed, the appropriate professional, such as an occupational therapist or physical therapist, should recommend or review it.

Padding used during transportation should not interfere with the restraint system's ability to protect the student. In general, place transportation-appropriate padding alongside the student or between the knees when needed for support. Do not place padding behind or underneath the student unless the restraint manufacturer specifically allows it.

Padding placed behind or underneath the student can move the student forward in the restraint, creating slack in the harness. During a sudden stop or crash, the padding may compress, loosen the safety vest, and reduce the restraint’s effectiveness.

Providing Head Support

Infants in rear-facing restraint systems ride reclined to support their head, neck, and airway. Older children in forward-facing CSRS generally ride upright, though a slight recline may be used for students with poor head control if the IEP requires it and the equipment is available. Never use a convertible CSRS in a fully reclined position while forward-facing unless explicitly permitted.

Bus seat spacing can restrict reclined installations. Ensure any setup maintains safe spacing and complies with FMVSS 222 (which limits the distance from the seating reference point to the seatback ahead to 24 inches).

Safety Warning: Never tape, strap, or tie a student's head to a seat, as this risks severe neck injury during sudden stops. If additional head positioning is needed, use an approved device, such as a medical foam neck collar, that does not interfere with the restraint system.

Lap Trays

Generally, remove lap trays from wheelchairs or mobility devices and secure them separately during transportation. A hard lap tray can pose an injury risk during sudden stops, emergency maneuvers, or crashes.

If a tray is needed for upper-trunk support or positioning, transportation staff should consult with the appropriate team members, such as the occupational therapist, physical therapist, school nurse, teacher, parent or guardian, or an IEP team representative. Consider a foam support tray or other transportation-appropriate support as needed.

MOBILITY AND WHEELCHAIR EQUIPMENT

Wheelchairs

Wheelchairs are mobility devices some students use to access school, transportation, and daily activities. A wheelchair used during the school day is not automatically designed for motor-vehicle transportation, so review the wheelchair and securement system before transportation begins.

Whenever possible, students who remain seated in a wheelchair during transportation should use a wheelchair designed for transportation use. Wheelchairs that meet the voluntary WC-19 standard are designed with crashworthiness in mind and include designated securement points, typically marked with the wheelchair securement symbol.

Wheelchairs that meet transportation safety standards provide improved protection during transport. However, the absence of a WC-19 wheelchair should not, by itself, be used to deny transportation to a student who uses a wheelchair. If the wheelchair does not meet WC-19, transportation staff should work with the appropriate team to determine the safest available mode of transportation.

Wheelchair transportation requires review of lift use, wheelchair positioning, securement points, occupant restraint, student posture, medical or positioning supports, and emergency evacuation. This section provides more detailed guidance later under wheelchair positioning and securement.



WC-18/WTORS securement equipment label



WC-19 Wheelchair securement point symbol.

WC-18 Wheelchair Tie-Down and Occupant Restraint Systems

WC-18 is a voluntary industry standard for wheelchair tie-down and occupant restraint systems, commonly referred to as WTORS. These systems secure the wheelchair to the vehicle and restrain the student riding in the wheelchair.

WC-18 is especially important when transporting a student in a WC-19 wheelchair that includes an integrated lap belt. In that situation, the tie-down and occupant restraint system must be compatible with the wheelchair and rated to handle the additional load created by the integrated belt system.

Whenever possible, transportation staff should use the designated securement points on a WC-19 wheelchair. If the wheelchair is not WC-19 compliant, transportation staff should secure the wheelchair to strong structural points on the wheelchair frame, consistent with manufacturer instructions and district training.

Do not attach tie-down straps to removable, adjustable, or moving parts of the wheelchair, including armrests, footrests, wheels, or other components not designed to withstand crash forces.

Assigned transportation staff should be trained on the WTORS used in the vehicle before transporting a student in a wheelchair. Staff should know how to inspect the equipment, identify appropriate securement points, remove slack from the straps, apply the occupant restraint system, and recognize when equipment should not be used.

Wheelchair Positioning

Wheelchairs must be forward-facing. All four-point securement systems are designed for use with the wheelchair facing forward and are crash-tested that way. All new school buses manufactured with wheelchair securement systems since January 1994 have forward-facing systems. Wheelchair securement positions are inherently safer, and wheelchairs and the human body are better able to survive a frontal crash when facing forward.

Sled/Crash tests show that side-facing wheelchairs are unstable and often collapse. Lap and shoulder belt restraint systems are designed to be most effective in frontal impacts, and wheelchairs are believed to be stronger under frontal loading than side loading. Placing wheelchairs at the back of the vehicle raises concerns about a rougher ride for students and the distance from the driver to those students. Before adopting this seating arrangement, consider whether the driver can monitor them adequately.

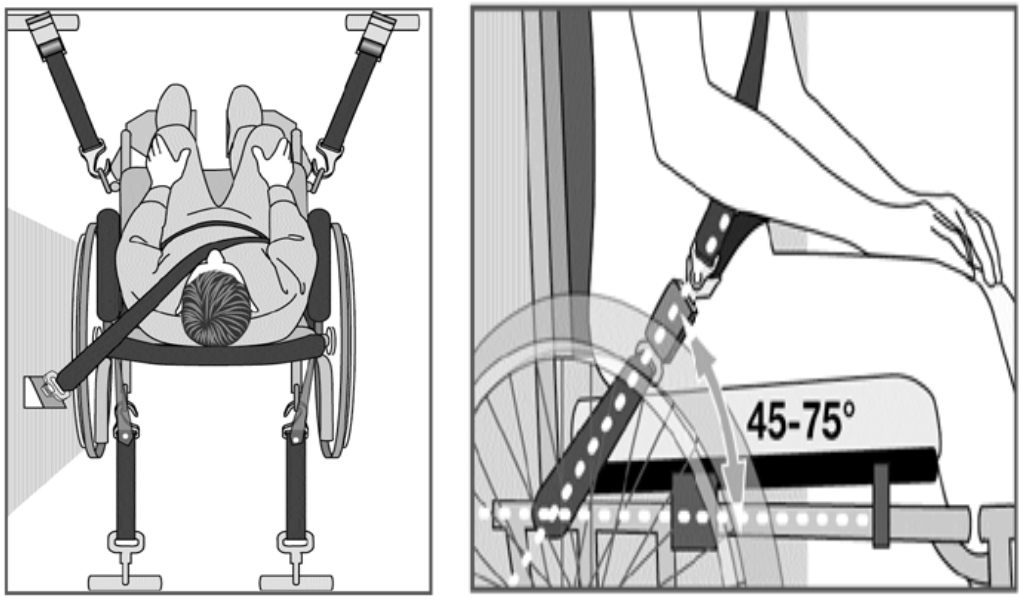
Securing the Wheelchair

To protect the rider during a crash or sudden braking and minimize the likelihood of injury from contact with the vehicle, use a seatbelt system with both pelvic and upper torso belts when securing a wheelchair in a school bus. Make sure:

- Always position the wheelchair and rider facing forward in the vehicle. Most sudden stops are forward, and most crashes are frontal. In emergency stops, the student is thrust in the direction the school bus is traveling. The forward-facing student will bend forward, rather than sideward, reducing the risk of significant injury.
- When securing a WC19 wheelchair, attach the four tie-down straps to the securement points provided on the wheelchair. Tighten the straps and remove all slack.
- If you do not have a WC19 wheelchair, it is best to attach the tie-down straps to welded junctions of the wheelchair frame or to other structural areas where the frame is fastened together with hardened steel bolts indicated by six raised lines or bumps on the bolt head.
- **Do not attach tie-downs to adjustable, moving, or removable parts of the wheelchair such as armrests, footrests, and wheels.**
- When securing non-WC19 wheelchairs, choose structural securement points as close to the seat surface as possible to provide greater wheelchair stability during travel.
- It is best if the rear securement points are high enough to result in

angles of the rear tie-down straps between 30 and 45 degrees to the horizontal.

- If you have a non-WC19 wheelchair with a tilt seat, make sure to attach both the front and rear straps to either the seat frame or to the base frame. Mixing wheelchair securement points between the seat and base can make the tie-down straps slack if the seat angle changes during a crash.
- It is best if floor anchor points for rear tie-down straps are located directly behind the rear securement points on the wheelchair. If possible, anchor the front tie-down straps to the floor at points wider than the wheelchair to increase lateral stability during travel.



Securing the Student in the Wheelchair

In addition to securing the wheelchair, it is particularly important to provide effective restraint for the wheelchair user with a crash-tested lap and shoulder belt or with a child restraint harness/vest.

- The shoulder belt **must** be attached to the vehicle. The lap belt can be attached to the wheelchair 4-point system or to the wheelchair.
- The lap belt should be placed low across the front of the pelvis near the upper thighs, not high over the abdomen. When possible, angle the lap belt between 45° and 75° to the horizontal when viewed from the side.
- A diagonal shoulder belt should cross the middle of the shoulder and the center of the chest and should connect to the lap belt near the hip of the

wheelchair rider. The upper shoulder-belt anchor point, or D-ring guide, should be anchored above and behind the top of the occupant's shoulder, so that the belt is in good contact with the shoulder and chest while traveling.

- Newer WC19 wheelchairs offer the option of a crash-tested lap belt that is anchored to the wheelchair frame. If the wheelchair has an onboard crash-tested lap belt, complete the belt system by attaching the lower end of a shoulder belt to the lap belt.



To avoid misuse of a wheelchair, consider the following:

- Is the wheelchair suitable for securement in a motor vehicle?
- If the child is to be transported in the wheelchair, has it been secured facing forward, with four tie-downs attached to the frame and adjusted to be tight?
- If the wheelchair is WC19 compliant with an integrated lap belt, are the four tie-downs WC18 compliant?
- Has the child in the wheelchair been restrained with a separate lap and shoulder belt system that fits correctly?
- Can the child be moved to a vehicle seat and be secured with a restraint system or use compartmentalization?
    - What is compartmentalization?

- Large school buses use a passive restraint system known as “compartmentalization,” which combines a high padded seat back and narrow seat spacing, creating a compartment within which each occupant is confined in severe vehicle crashes. It protects passengers by reducing crash forces on occupants. This passive restraint system also uses the reinforced steel construction of the school bus body and its large size, which raises the vehicle's height. The National Traffic Safety Board (NTSB) and the National Academy of Sciences (NAS) have confirmed the effectiveness of "compartmentalization" through independent studies conducted.

Other Notes

- Read and follow all manufacturers’ instructions.
- It is best to ride with the wheelchair backrest positioned at an angle of 30 degrees or less to the vertical. If a greater recline angle is needed, the shoulder belt anchor point should be moved rearward along the vehicle sidewall, so the belt maintains contact with the rider’s shoulder and chest.
- Maximize the clear space around the rider to reduce the possibility of contact with vehicle components and other passengers in a crash. Cover vehicle components that are close to the rider with dense padding.
- Check WTORS (Wheelchair Tie-Down and Occupant Restraint System) equipment regularly and replace torn or broken components. Keep anchorage track free of dirt and debris.

When to Transfer a Student to the Bus Seat

Who is to decide when it is "reasonable" to transfer a child from a mobility device to the bus seat? The IEP Team.

For the busy bus driver, one consideration is the extra time a transfer may take. Other considerations are:

- Will the child's condition and weight permit the transfer?
- Has the physician and parental approval been obtained to ensure that a child can be moved safely?
- Who is to actually accomplish the transfer?
- Can the transfer be done by one person?
- Has that person or persons been trained in transfer techniques?

- Would the child's dignity be compromised during a transfer?

Using Lap or Lap/Shoulder Safety Belts

When speaking with parents, school staff, or other interested parties, transporters must use the proper terms. They are "lap belts" and "lap/shoulder belts."

As with safety vests, when securing a child in a lap-belt system, remove heavy coats so the belt(s) contact the body through minimal layers of clothing. The shoulder belt must go across the collarbone. It should also be snug. It may rest against the neck but should not go across the front of the neck. A proper fit of a lap/shoulder system may require a booster seat for younger children.

Children should never share a lap belt or lap/shoulder belt. This practice may contribute to an injury. A separate lap belt or lap/shoulder belt should be available for each child who must be buckled up.

Lap Belts

Lap belts, if they must be used, must be placed across the hip bones, below the belly. Teach children to push the belt down to touch their thighs after buckling it. Adjust it as snugly as possible.

Warning: The use of lap belts alone has been known to cause serious injuries in younger students when they are placed up on the abdomen, because the abdomen contains many organs (stomach, liver, intestines). Younger children do not have strong bones to protect these organs from crash forces. Older, larger students experience head and neck injuries when using the "lap belt only" system. Therefore, in most cases, best practice is not to use a lap belt-only system.

Lap/Shoulder Belts (3-point restraint)

A lap/shoulder (3-point) restraint provides the highest level of protection for vehicle occupants because it secures both the lower body and the upper torso, distributing crash forces across the strongest parts of the human skeleton.

For a 3-point system to function safely, the fit must be precise:

- **Lap Portion:** Must lie flat and low across the upper thighs and hip bones, well below the belly. Teach children to push the belt down to touch their thighs after buckling.
- **Shoulder Portion:** Must cross the center of the collarbone and chest, resting comfortably against the neck without cutting across the front of the throat.

- **Anchorage Height:** Adjust the upper shoulder height adjuster so the belt sits at or slightly above the child's shoulder level. This prevents downward spinal compression during a sudden stop.
- **Clothing:** Always remove heavy winter coats before securing a child. Thick layers create false slack, preventing the belt from fitting snugly against the body.

Children who have outgrown a harness-style car seat but are under 4 feet 9 inches (145 cm) in height must use a booster seat in a small-capacity vehicle with the lap/shoulder belt. Using a 3-point belt alone on a child who is too small causes improper belt fit, increasing the risk of "submarining," a dangerous situation where the child slides under the lap belt during a collision, transferring crash forces into the soft tissues of the abdomen.

Warning: Never allow a child to place the shoulder belt under their arm or behind their back. Placing the belt under the arm can fracture the ribs and cause severe internal organ damage. Placing it behind the back completely removes torso protection, effectively turning the 3-point belt into a dangerous lap-only system and dramatically increasing the risk of head, neck, and abdominal injuries.

System Mechanics and Best Practices

- **Individual Restraints:** Children must never share a lap/shoulder belt. Each passenger must have a separate restraint.
- **Flat Webbing:** Ensure the belt webbing is not twisted. Flat straps distribute force evenly across the body; twisted straps concentrate force onto a narrow area, increasing the likelihood of injury.
- **Retractor Function:** Modern 3-point systems use Emergency Locking Retractors (ELRs) that lock automatically during sudden braking or impacts. Keep the belt snug, so there is no excess slack for the retractor to clear in a crash.

BEHAVIORAL, MEDICAL, AND SPECIALIZED EQUIPMENT NEEDS

Child Safety Restraint Systems (CSRS) for Children with Behavioral Issues

Some students may have behavioral, developmental, sensory, or disability-related needs that make it difficult for them to remain safely seated during transportation. A student who repeatedly leaves the seat, moves into the aisle, interferes with others, attempts to exit the vehicle, or cannot maintain a safe seated position may be at increased risk during normal driving, sudden stops, emergency maneuvers, or a crash.

Consider a Child Safety Restraint System when the student's behavior affects transportation safety and less restrictive supports have not been effective or are not appropriate for the student's needs. Before using a CSRS for a student with behavioral needs, the appropriate team should review the concern and determine whether the restraint system is necessary, appropriate, and safe for that student.

A CSRS should not be used as punishment, discipline, staff convenience, or a substitute for a behavior support plan. If the student has an IEP or § 504 plan, the team should review the need for a CSRS through the appropriate process and document it in the student's plan or supporting transportation documentation.

The team should consider whether other supports may address the behavior before or in addition to a CSRS. These may include assigned seating, increased supervision, a bus assistant, behavior supports, communication supports, sensory supports, route adjustments, parent or guardian coordination, or staff training.

If a CSRS is used, the equipment must be appropriate for the student's age, height, weight, physical development, and behavioral needs. The system must also be compatible with the vehicle and installed according to the manufacturer's instructions. Not all vests, belts, or positioning devices are designed to provide crash protection. Equipment used as a motor vehicle restraint should meet the applicable requirements of Federal Motor Vehicle Safety Standard 213 when required.

Do not treat a lap belt or safety vest as a complete substitute for a properly selected CSRS when a more appropriate restraint system is needed. However, if an immediate safety concern exists and the proper equipment is not yet available, the educational entity should review temporary safety measures through the appropriate administrative or team process while working to obtain the correct equipment.

Transportation staff assigned to the student must be trained before using the CSRS. Training should include proper fit, installation, adjustment, release procedures, daily inspection, documentation, and emergency evacuation. Staff should also know what to do if the student resists restraint, attempts to escape, or the equipment does not fit or function correctly.

If the CSRS is not working as intended, or if the student's behavior continues to create a safety concern, transportation staff should document the concern and refer it back to the appropriate team for review.

Medical Equipment

Transport medical equipment in accordance with the student's documented needs and the transportation plan. This may include oxygen, suction equipment, feeding supplies, monitors, emergency medication, or other health-related equipment.

When medical equipment is transported, the educational entity should ensure that:

- assigned staff receive appropriate training;
- equipment is properly secured;
- the equipment does not block the aisle or emergency exits;
- staff understand what to do if the equipment alarms, fails, or becomes dislodged;
- emergency and evacuation procedures account for the equipment.

Transportation staff should not be expected to operate, monitor, or respond to medical equipment unless they have been trained and approved through the appropriate process.

Medications

Handle medication transported with a student according to district policy and the student's applicable health plan, IEP, § 504 plan, or medication authorization.

Store medication in a safe, secure location during transportation. Transportation staff should know whether the student is authorized to carry or self-administer medication and what action is expected if a medical concern occurs during transport.

C.R.S. 22-1-119.5, the Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act, allows a student to possess and self-administer medication when the required conditions are met. This includes situations in which medication is prescribed during school hours, at school-sponsored events, and for transportation to and from school or school-sponsored events, and in which the health care practitioner has instructed the student on the correct and responsible use of the medication.

Oxygen Information

Oxygen-enriched atmospheres may exist in the immediate vicinity of any oxygen containers. A hazardous condition exists if containers are located so that they may become overheated or tip over. Do not leave oxygen containers on a closed bus because of heat, expansion, and possible oxygen release. Liquid oxygen can cause frostbite on contact with skin. Prevent tipping by securing it to the bus wall or floor. Do not secure near a heat source.

Colorado Operation Rule 1 CCR 301-26, Rule 12.7.1(B)(1) states:

> (B) All baggage, articles, equipment, or medical supplies (except those held by individual passengers) shall be secured in a manner that assures unrestricted access to all exits by occupants, does not restrict the driver's ability to operate the bus, and/or protects all

occupants against injury resulting from falling or displacement of any baggage, article, or equipment.

(1) Oxygen cylinders that are medically necessary meet this standard if they are securely attached to a wheelchair or otherwise secured in the vehicle and do not impede access to any exit. Educational Entities shall use reasonable care in determining the number of cylinders that may be safely transported at one time.

Service Animals

Service animals require individualized transportation planning addressing boarding and exiting, floor positioning, control of the animal, interaction with other passengers, and emergency evacuation. See Section 11, Service Animals, for detailed guidance.

Personal Safety Issues

Securing a harness, vest, or other restraint may require close physical contact. Educational entities should establish written procedures that protect the student's dignity and privacy while allowing staff to complete required safety tasks correctly.

Staff should explain the procedure in a manner the student can understand, use only the contact necessary to secure or release the equipment, follow manufacturer instructions, and avoid improvising alternative restraint methods. When a student's care needs or communication needs make the procedure complex, the transportation plan should identify the trained personnel, sequence of steps, and any privacy safeguards required.

Refer concerns about physical contact, student resistance, equipment fit, or staff comfort to the transportation supervisor and the appropriate student support team before service begins or as soon as a concern arises. Staff should document the issue and obtain additional training or assistance when needed.

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SECTION 4
ROUTING AND SCHEDULING

ROUTING AND SCHEDULING

Routing and scheduling for a student with special needs is a dynamic, complex process. Because special needs transportation changes constantly, flexibility and clear communication are essential to providing safe, appropriate, and cost-effective service.

Unlike general education routing, a student with special needs may not attend the school closest to their home, which can result in longer travel times. While the Individuals with Disabilities Education Act (IDEA) does not specify a time limitation for a student's bus ride, every effort should be made to keep travel times comparable to those of non-disabled peers. Transportation arrangements must meet all requirements in the student's Individualized Education Program (IEP) and support academic and non-academic goals. A shortened school day to accommodate transportation schedules is not permissible.

Open communication between the transportation department, the special education (SPED) department, BOCES personnel, and parents is critical to creating efficient schedules.

INTAKE AND TRANSPORTATION REQUESTS

A transportation request triggers the communication network needed to serve a special needs student. Requests may be initiated orally (a phone call from an authorized special education staff member) or through a formal written request form signed by authorized personnel.

Because scheduling a special needs student requires extensive coordination, districts should set realistic timelines for establishing new routes.

Confidentiality Notice: All student information must be handled confidentially in accordance with the Family Educational Rights and Privacy Act (FERPA).

Request for Transportation

Under IDEA 2006 Regulations (§300.323(c)(2)), an IEP must be implemented as soon as possible, though short delays are permitted for finding qualified service providers or finalizing complex transportation arrangements.

The Official Commentary to the IDEA 2006 Regulations offers the following examples of “situations” that might warrant “a short delay”:

- “When the IEP meetings occur at the end of the school year or during the summer, and the IEP team determines that the child does not need special education and related services until the next school year begins.”

- “When there are circumstances that require a short delay in the provision of services (e.g., finding a qualified service provider or making transportation arrangements for the child).”

An oral request for transportation is a "quick" way of receiving information. An authorized person, usually a special education staff member, calls the transportation department to request transportation services for a new student or one for whom transportation has become necessary. Each district’s transportation department should identify who the special education department authorizes to request special transportation services for students.

The transportation department may develop a written request form in conjunction with the special education department. This written form provides documentation and the signature of the person authorized to request special transportation for a student. This communication method eliminates many problems in the complex process of routing and scheduling a special needs student. Before developing and implementing that schedule, the transportation department should develop a checklist of questions to ask during the conversation with the person making the request. This checklist will serve as a record of the initial transportation request.

Initial Request Checklist

Before establishing a schedule, the transportation department should record the following intake information:

- **Contact Information:** Date of request; names and titles of the person requesting and the person receiving; work phone numbers.
- **Student & Guardian Details:** Student's full name, address, phone, age, and sex; parent/guardian name, address, and phone; emergency contacts.
- **Logistics:** School of attendance; requested start date; alternate stop locations (if applicable).
- **Needs Assessment:** Disabling conditions; required specialized equipment; specific transportation requirements.

Once transportation receives that information, it can set up a schedule and begin transporting as requested.

IDENTIFYING STUDENT TRANSPORTATION NEEDS

Scheduling must be conducted on an individual basis. What works for one child may not work for another. To determine the most efficient, economical, and safe route, schedulers must evaluate the student’s unique needs across several key areas.

Equipment and Assistive Devices

Identifying the specialized equipment a student uses will help determine the vehicle assigned.

- If the student has a wheelchair, is it battery-powered or a standard chair?
    - If battery-powered, does it have a sealed acid or gel cell battery?
    - Is it a WC19 chair, or WC18 compliant?
    - Is it a three-wheeler?
- Does the student use a lap tray?
- Will the student be transported in the wheelchair or be transferred to a bus seat?

Other specialized equipment and assistive devices the scheduler should be aware of include walkers, crutches, computers, oxygen, medical devices, or any other equipment that requires special securement during transport.

Supervision and Staffing

When evaluating whether a student requires a bus assistant or registered nurse (RN) as specified in their IEP, evaluate:

- Physical, health, behavioral, or emotional needs of the student.
- Ability (or inability) to communicate safety-related concerns
- Combinations of disabilities and equipment on the bus.
- Length of the ride, total number of passengers, and emergency evacuation efficiency.

What is an Acceptable Length of Ride?

As stated, IDEA 2004 does not specify ride length. If the IEP specifies the ride length, the requirement must be met, and there must be an extremely specific reason for specifying it. For example, does the child have a physician's letter stating a medical condition that requires a modified length?

Consider what is acceptable on an individual basis.

IEP Team Discussion Checklist

To ensure all operational factors are addressed during initial IEP meetings, transportation representatives should review the following:

- **Disability & Goals:** What qualifies the student for special transportation? What are their abilities, likes/dislikes, and behavior triggers? How can transportation best support their goals?
- **Health & Behavior Plans:** Are Health Care Plans, Seizure Action Plans, or Behavior Plans in place? Ensure classroom behavioral strategies are modified so they can be safely implemented on a school bus.
- **Restraints & Mobility:** If a Child Safety Restraint System (CSRS) is requested, what is the goal for transitioning out of it to meet Least Restrictive Environment (LRE) requirements? If using a mobility device, when can transportation conduct an equipment inspection?
- **Drop-Off & Travel Capabilities:** Is the student authorized for drop-off without an adult present? Can the student be picked up at an alternate location (e.g., corner, down the block) as part of travel training?

Some additional concerns that can be resolved in the first IEP meeting that relate to routing and scheduling may be:

- Can the student be safely transported without undue risk to the child or others?
- Will the length of the trip and/or other aspects of transportation put the child at unreasonable risk?
- Does transporting the child involve disability-related concerns that will impact timing?
- What is an appropriate restraint system, and how long will it take to put the child in the restraint system correctly?
- Can the child be transferred to a bus seat from the mobility device?
- Are there specialized care or intervention concerns?
- How will any auxiliary equipment be transported?
- Can the child's adaptive equipment be accommodated?

ROUTE ASSIGNMENT AND ALTERNATIVES

Assigning the Student to a Route

Schedulers evaluate vehicle availability, route capacity, special equipment compatibility, and ride duration to assign the student using one of three primary options:

1. **Existing Route:** Assign the student to a current route if all safety and equipment needs are met without exceeding acceptable ride lengths.

2. **New or Re-Routed Route:** Adjust existing paths or establish a new route with an assigned bus, driver, and attendant if current routes are insufficient.
3. **Alternative Transportation:** Used when standard busing is impractical due to extreme distance, road conditions, or complex medical needs.

In some situations, school bus transportation is impractical because of distance, road conditions, student placement, or the student's medical condition. In these cases, consider alternative ways to transport the student. Discuss options with parents and, ideally, have all parties agree. However, an IEP team can make a determination over parent objections. Some alternative transportation options are to:

- Reimburse a parent/ guardian for transportation, upon receipt of proper documentation. (The district/charter should obtain proof that whoever transports the child is properly licensed and carries adequate insurance based on requirements of the Colorado Division of Motor Vehicles and the Local Education Agency (LEA).)
- Use the local transit authority. (The school district is responsible for the fee.)
- Use a taxi. (The school district is responsible for the fee.)
    - Contracted Special Needs Transportation Specialists (contract established through district lawyers, Administration, SPED/Transportation Departments, and contracting company. The fee is paid by the district and is expensive).

The transportation department must communicate the scheduled bus pickup and drop-off times to parents, bus drivers, and school personnel.

Fostering teamwork and communication will provide more efficient service for students. Establishing written procedures will provide consistency and efficiency in the routing and scheduling of special needs students.

Pick Up and Drop Off Locations

Establishing pickup and drop-off locations is also important. When establishing pickup and drop-off locations, follow all state and local regulations regarding the safe loading and unloading of school children.

- **Stop Location:** Determine if the student can use an established bus stop or requires a curb-to-curb home stop.
- **Wait Times:** Students should be ready 5 minutes before the designated stop time. Drivers should wait no longer than 2 minutes past the stop time. Establish

clear district policies regarding whether a bus will return for students who miss the pickup.

- **Drop-Off Authorizations:** Establish policies for whether a parent/guardian must meet the bus. If a responsible adult is missing at drop-off, procedures may include waiting briefly, attempting alternate drop-offs, finishing the route and returning, returning the child to school, or contacting social services/law enforcement.

Additional Stop Location Questions

- Is the student qualified under McKinney-Vento or ESSA?
- Can the student access an established stop?
- Does the student need an address stop? In most cases, you can provide curb-to-curb rather than door-to-door service.
- Does the student have an alternate address or a fluctuating schedule? Typically, you will not be required to accommodate a fluctuating schedule unless this is necessary because of the needs stemming from the child's disability.
- If an alternate address is requested, these things should be considered:
    - Does it fall within an existing route, or will it result in re-routing or adding a route?
    - Does it meet the same criteria for busing as the home address?

If a request, preferably in writing, is made for multiple stop locations on a daily or weekly basis, carefully consider the impact on transportation. Although this can benefit parents, it can lead to longer rides, added routes, or routing confusion (i.e., a child being dropped off at the wrong stop on the wrong day).

LOGISTICS AND PLANNING

Student Information

Transportation personnel need information that affects safe service; a diagnosis or eligibility label alone is not sufficient. Student-specific documentation should describe the functional impact on transportation and the action staff are expected to take.

- Communication method and ability to report distress or request help;
- Mobility, positioning, transfer, loading, and unloading needs;
- Medical warning signs, emergency actions, medications, and required equipment;

- Behavioral triggers, prevention strategies, de-escalation supports, and prohibited interventions;
- Supervision, seating, pickup, drop-off, and handoff requirements;
- Evacuation assistance and any student-specific restrictions or precautions.
- Any other medical condition that affects transportation

Emergency Information

Districts should have a plan for conveying accurate information to the bus driver and student assistant. Transportation should decide what information to carry on the bus. Any information provided should be appropriate for medical staff in an emergency.

Information should cover such basics as:

- Student name, address, and phone
- Parent/guardian name, address, and phone
- Medical condition(s)
- Physician name/phone number
- Emergency contacts (names and phone numbers)

All student information is confidential, and transportation personnel should be trained to handle it properly. Check with your district to see what policy and procedure is in place.

Route and Schedule Changes

Since special needs transportation must be flexible, districts may want to develop procedures to cover the following:

- Temporary or permanent change of address
    - How much advance notice is needed to implement the changes?
    - Is a written request necessary, or will a phone call suffice?
    - Does the new address meet all the busing criteria?
- Change in program or school placement.
    - Does it involve a new or different route or time changes?
    - Will a student be absent for the morning run, afternoon run, or for the entire day? (Make sure parents know whom to call and by what time.)

Field Trips and Activity Trips

Students with special needs must not be excluded from field trips. Transportation must coordinate early with event organizers to ensure properly equipped buses, trained drivers, accessible emergency info, and integrated seating with non-disabled peers whenever possible.

Some issues to consider are:

- Training for school building personnel on trip requests and provision of necessary information when ordering field trip buses.
- Assigning a properly trained driver and an equipped bus
- Having the same emergency information available that is on the daily route bus.
- Including non-disabled students on the regularly scheduled bus if possible

Transfer Points: Vehicle-to-Vehicle

Due to scheduling or time constraints, a district may need to establish transfer points for some special needs routes. With careful planning, this can be accomplished smoothly and safely.

Points to consider include:

- Choosing an appropriate location
- Allowing sufficient time to complete the transfer
- Ensuring radio contact between vehicles
- Personnel necessary to accomplish the transfer

Travel Training

Teaching independent travel skills to people with developmental disabilities is very individualized and is largely taught in classrooms or by teaching staff. Although the basic skills are the same, the teaching method should be flexible enough to adapt to the individual's learning needs. Basic skills include orienting to the immediate environment, identifying landmarks, learning a route, crossing streets, and staying safe when moving near traffic. When public transportation is an option, additional skills are needed, such as understanding fixed-route schedules, identifying public transit vehicles, locating transit stops, paying fares, recognizing when to disembark, and learning the route from the transit stop to the points of origin and destination.

Interactive and problem-solving skills are also needed, such as how to interact with the vehicle operator and other passengers, and what to do when unexpected changes occur, such as delays, detours, or inclement weather. How much instruction is needed in each area varies from individual to individual, and practitioners report that skills can be taught effectively in days or weeks, depending on the individual's ability and experience and the route's complexity. People with developmental disabilities can also learn to use available public transportation resources, such as telephone- and web-based trip-planning assistance, printed maps and schedules, and customer information booths in transit centers.

Many districts/charters across the US use this to help students become more independent and eventually transfer to a general education bus rather than a special education route.

REGULATIONS AND COMPLIANCE

The Colorado Rules for Operation, 1 CCR 301-26, also state the following:

5.1.3 Educational Entities shall have written emergency procedures and/or contingency plans to be followed in the event of a traffic accident, vehicle breakdown, unexpected school closing, unforeseen Route change, or relocation of a student stop in an emergency.

5.3.2 Transporting Students with Special Needs

(A) Educational Entities shall provide School Transportation Vehicle Operators and School Transportation Bus Attendants with all documentation necessary to safely transport assigned students, including Child Safety Restraint System requirements and other relevant medical or behavioral information, prior to the initiation of transportation services.

(1) When an Educational Entity enrolls, transfers, or assumes responsibility for a student with an Individualized Education Program (IEP) or § 504 Plan that includes transportation services, the Educational Entity shall ensure that all documentation applicable to transportation is provided to the appropriate transportation personnel or provider prior to the initiation of services, and as soon as practicable following any determination or revision of the student's transportation needs, to support safe and appropriate transportation.

(B) Any School Transportation Vehicle Operator and School Transportation Bus Attendant assigned to students eligible under

the Individuals with Disabilities Education Act (IDEA) shall receive documented training on the student's Individualized Education Program (IEP). Per 34 C.F.R. § 300.156, this training shall include, but is not limited to:

(1) Behavioral intervention strategies;

(2) Personalized Learning Systems (PLS) protocols;

(3) Individualized health care plan implementation.

5.3.3 Transporting Students Eligible under McKinney-Vento and ESSA

(A) When an Educational Entity identifies, enrolls, or assumes responsibility for a student eligible under the McKinney-Vento Homeless Assistance Act, the Every Student Succeeds Act (ESSA - Foster Care), or section 22-32-138, C.R.S., the Educational Entity shall ensure that relevant transportation details, emergency contacts, and safety information are provided to the appropriate transportation personnel prior to the initiation of services. Specialized transportation services shall be initiated immediately in accordance with applicable federal requirements to support educational stability.

(1) The Educational Entity shall coordinate directly with the transportation department, McKinney-Vento District Liaison, and/or the Child Welfare Education Liaison to establish and update all transportation arrangements.

(B) Educational Entities shall establish a written protocol in alignment with state laws HB18-1206 and section 22-32-138, C.R.S., and applicable federal requirements. This protocol shall be developed in coordination with, and distributed to, the McKinney-Vento District Liaison, the Child Welfare Education Liaison, and the Educational Entity's transportation department. The protocol shall, at a minimum, include:

(1) Timely notification of student transportation needs;

(2) Route adjustments and procedures; and

(3) Student confidentiality standards.

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SECTION 5
TRAINING

TRAINING

According to Federal Guidelines, anyone providing transportation services to a student with special needs must be properly trained and qualified. Training programs must ensure a comprehensive understanding of the services provided, prepare personnel to meet each student's individual needs, and cover the safe operation of equipment related to their assignment. All completed training must be formally documented.

Training for drivers and bus attendants/student assistants is divided into core requirements, specialized topics, and district-directed operational policies.

Core Training Topics

All special needs transportation staff must complete baseline training in the following areas:

- **Legal & Regulatory Standards:** IDEA requirements, FERPA confidentiality standards, mandatory reporting laws, and state/federal transportation regulations.
- **Student Understanding & Management:** Characteristics of students with disabilities, behavior management techniques, sensitivity training, and effective communication across home, transportation, and school teams.
- **Equipment & Restraints:** Proper handling of adaptive/assistive devices, installation and manufacturer specifications for Child Safety Restraint Systems (CSRS), and proper use of physical restraints.
- **Health & Safety:** First Aid, CPR, Universal Precautions (required for CDL drivers), IEP awareness, and serving medically complex students.
- **Route Operations:** Loading and unloading procedures, emergency evacuation plans and drills, and proper execution of IEP-driven protocols.

Specialized and Advanced Training

Depending on specific student assignments and IEP requirements, personnel should receive advanced instruction in:

- **Medical & Health Conditions:** Seizure management, student-specific medical conditions, Do Not Resuscitate (DNR) protocols, transporting medications, and collaboration with occupational/physical therapists (OT/PT).
- **Communication & Mobility Support:** Basic sign language, accommodating service animals, and specialized equipment management.

- **De-Escalation & Behavioral Intervention:** Crisis intervention strategies (per district policy) and understanding student discipline policies (such as the Ten-Day Rule for student suspensions).

TRAINING INFORMATION

Training is complete only when the employee can perform the assigned duty safely under expected conditions. Awareness or introductory training does not authorize a health procedure, physical intervention, equipment installation, or other task.

Table 4: Sample Training Information

Training Topics	Who	Type/ frequency	Qualified trainer and demonstration	Documentation
Disability awareness, confidentiality, communication	All transportation staff	General: initial and annual refresher	District-approved trainer; scenario discussion and knowledge check	Training roster, content, score; substitute orientation before route
Student transportation plan	Assigned operator, attendant, and substitutes	Student-specific: before assignment and after change	Plan owner or knowledgeable designee; staff explain and demonstrate duties	Signed acknowledgment and competency date; need-to-know plan access
CSRS installation/use	Staff who install, inspect, or secure occupants	Device-specific: before use; refresh per district/manufacturer and after error	Child passenger safety/qualified district trainer; hands-on installation and fit check	Device/model, checklist, demonstration result, retraining due
Wheelchair/ WTORS and lift	Assigned staff	Vehicle/device-specific: before use and periodically	Qualified mobility/transportation trainer; full loading, securement, belt fit, release, and	Competency checklist; substitute may serve only after verified

			evacuation demonstration	
Health action, medication, oxygen, specialized procedure	Only staff assigned and authorized within scope	Student-specific: before assignment; after order/plan change; refresher as directed	School nurse or legally authorized professional; return demonstration where applicable	Order/plan, authorization/delegation, competency, expiration, access plan
Behavior prevention and crisis response	Assigned staff and supervisors	General plus student-specific; refresh per program and after event	Approved trainer/behavior professional; scenario and skill demonstration	Permitted techniques, prohibited actions, certification dates, post-event coaching
Evacuation and emergency response	All assigned staff, including substitutes	Route/student-specific; drill on district schedule and after material change	Transportation safety trainer with nurse/related-service input as needed; timed practical drill	Plan, drill conditions, performance, corrective action and completion date
Service animal access and interaction	Assigned staff and relevant substitutes	Before service and when plan changes	ADA-informed district designee with handler input; scenario review	Access questions, seating/boarding plan, emergency duties, privacy reminder

DAILY OPERATIONAL RESPONSIBILITIES

Passenger Comfort & Smooth Driving

Drivers must actively mitigate road hazards to maintain a safe, smooth, and comfortable ride for sensitive passengers:

- **Vehicle Control:** Accelerate and decelerate smoothly; take turns slowly to protect students from extreme lateral motion.
- **Road Selection:** Avoid potholes and rough surfaces, choosing the path of least resistance.
- **Seating Placement:** Position medically fragile students toward the front of the bus. Adjust seating or environmental controls for students sensitive to heat, sun, or cold.
- **Emergency Stoppage:** Pre-identify safe pull-over locations along the route to park in the event of a behavioral or medical emergency.

Personal Pre-Trip

A personal, mental, and physical inspection is also important for the driver and student assistant to evaluate. Possible questions to ask oneself:

- **Mental Preparedness:** Are personal conflicts or distractions set aside so you can maintain 100% focus on student safety?
- **Physical Fitness:** Are you free from physical impairments, acute illness, or injuries that could compromise safe vehicle operation or emergency response?

Vehicle Pre-Trip Inspection

In addition to the regularly checked items in a school transportation vehicle's pre-trip inspection, the driver or bus attendant is required to check for:

- Lift and ramp operation (including manual application)
- Additional emergency equipment such as a belt cutter and an evacuation blanket
- Emergency evacuation plans
- Mobility aid and passenger equipment securement devices
- Child safety seats and/ or booster seats
- Safety belts, tether straps, and/or harnesses

This may help to detect operational problems at the terminal rather than out on the route.

Vehicle Post-Trip Inspection

At the end of each route or trip, the operator shall complete the required post-trip inspection and account for every passenger. The inspection should also identify unsecured, damaged, missing, or contaminated specialized equipment and any medication, communication device, mobility aid, or personal item left on the vehicle.

- Report equipment concerns promptly and remove unsafe equipment from service in accordance with educational entity procedures and manufacturer instructions.

Please note you are responsible for the safe operation of your bus. State and federal regulations require pre-trip and post-trip inspections, following your district/charter procedures.

Loading and Unloading

School districts may want to document their appropriate loading and unloading procedures for non-ambulatory students and ambulatory special needs students. Principal issues to address when evaluating necessary assistance for a non-ambulatory passenger are the following:

- How a wheelchair and/or any specialized equipment is used for boarding purposes when a student is unable to enter through the service door.
- Where is the proper positioning of the vehicle for appropriate loading and unloading?
- Who is authorized to operate the lift?
- Positioning the wheelchair so the heaviest part of the chair is at the rear of the lift, with the student facing away from the vehicle.
- Applying the wheel locks (brakes) of the chair when the lift is in operation.
- Does the uniqueness of the equipment require additional training?
- Is an additional person necessary for increased safety during loading/unloading and/or lifting?
- Turning off the power on battery-powered wheelchairs.
- Making sure the lift platform barrier guard or roll plates are operational.
- Making sure that the driver/para is standing next to the platform at the front

corner of the lift. Keep one hand on the wheelchair as it is raised and lowered, then operate the controls with the other hand.

- Security check for sleeping children.

Some ambulatory students also require special assistance or guidance when boarding or exiting the bus. Issues that a district may need to address include:

- Parents who want to carry their child onto the bus.
- Providing assistance to students who physically cannot negotiate the service door steps by themselves.
- Providing assistance to students who may have to cross the street due to routing difficulties.
- Providing assistance to visually impaired students.
- Providing assistance to students who are unable to walk unassisted to their seats.
- The bus assistant should greet the student at the top of the bus steps to determine if the student needs assistance.

Keep the stairwell and aisle clear of obstacles, including backpacks, securement straps, or assistive devices.

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SECTION 6
COMMUNICATION AND TEAMWORK

COMMUNICATION

To operate a transportation system that fully supports students with disabilities, administrators, teaching staff, transporters, emergency personnel, parents, and students must communicate collaboratively. When transportation is designated as a related service in a student's IEP to ensure access to a Free Appropriate Public Education (FAPE), the transportation department must receive formal written communication. This preliminary documentation ensures that specialized equipment, vehicle adaptations, and required staff training are in place before service begins.

Administration

School district and/or student assistant and administrators are responsible for implementing local board of education policies. The director of special needs education, or designee, needs to be in communication with the director of transportation, or designee.

Emergency personnel (i.e., fire, police, and ambulance) in the area need to be advised of emergency information forms and where they are located on the bus, which may be necessary to effectively treat the students in the bus environment. Required information may include name, address, phone number, emergency contact, disabling conditions, current medications, and past medical history.

Two-way radio/cell phone communication devices on each school transportation vehicle are imperative to ensure safe transportation of students with special needs. Local transportation directors should obtain these invaluable instruments.

School Staff

School staff and transportation staff should communicate about what type of day the student had. Be sure to include the positive side of the student’s day, as well as any negative aspects the teacher or transporter needs to know, such as hitting people, being physically or verbally out of control, seizure episodes, asthma attacks, etc.

Drivers and bus attendants are encouraged to visit student classrooms to learn how to work with students on their routes. Teachers can be particularly helpful with school bus rides, and they should inform students about bus behavior and help drivers and student assistants with key words, phrases, songs, and reading material for students while riding.

Teachers can provide instruction for therapeutic implementation, such as walking on and off of the bus and waiting until students are secured properly, and the type of equipment needed. Work with teachers to identify activities and tools that keep the

student occupied, with rewards and consequences for appropriate and inappropriate behavior.

Behavior modification of students needs to be supported by transportation staff. Drivers and student assistants should communicate regularly with school staff and understand the techniques that work best for specific students.

Operators and Bus Attendants

Daily communication between the driver/bus attendant, school staff, and parents is essential. This communication can help everyone, especially the special needs student. Drivers and bus attendants need to take the initiative to learn as much as they can about the students they are transporting.

Drivers and bus attendants need to learn to communicate with students in the most effective manner depending upon the student's ability. Gentleness, patience, firmness, persistence, and praise will lead to more consistent behavior and more enjoyable rides for students and transportation staff. School staff can be a great asset with keywords and other suggestions.

Drivers and bus attendants must report any unusual behavior, episodes, or attitudes to the proper school authorities and/or parents immediately and in detail, since they may have medical implications. Document behavioral problems, seizure duration, etc., in a journal or notebook as a reference for later.

Drivers shall maintain the route schedule for student pickup and drop-off times as closely as possible. Inform parents of changes in schedule and adhere to the written schedule as much as possible, but know the schedule can be modified when students are not riding, according to your district policy.

Bus attendants and/or the driver shall explain the bus rules to students and enforce them consistently. Post the bus rules on the bus.

Drivers and bus attendants must be proficient in using the two-way radio.

Bus drivers and bus attendants must communicate effectively with one another. Understanding each other's responsibilities is necessary to safely transport special-needs students.

COMMUNICATING WITH PARENTS

Interaction with parents or guardians is inevitable when working with students. School transportation operators and bus attendants must communicate with respect.

Communication is not just speaking; it's the art of active listening. When you listen well,

you learn more about the children and their families and get the full benefit of parents' in-depth knowledge of their child(ren).

Parents and Guardians

Parents need to encourage students to obey the bus safety rules and demonstrate proper bus behavior. A parent handbook given to parents at the beginning of the school year, or whenever a student begins riding the bus, should reference this and other helpful information.

When a student is not going to ride the bus, parents should be required to contact the transportation office and the school.

Parents should complete a student emergency information form, including the names and phone numbers of emergency contacts, before transport. A health care plan/seizure action plan and any medication(s) currently administered are essential and must be provided by the school nurse to the bus driver. This information is confidential and will be shared only with school officials, transportation providers, and emergency personnel on a need-to-know basis. If medications are changed or discontinued, the school nurse should communicate immediately, in writing and verbally, with transportation office personnel or a designee, and revise the emergency form as soon as possible. Always consult your district policy.

Tips for Keeping Open Lines of Communication with Parents

Be Warm

- A little friendliness can go a long way, especially concerning parent communication. Be warm, welcoming, and encouraging if you communicate via email, text, or in person. When you see parents in person, smile, shake their hands, and make eye contact.

Be Positive

- Effective communication between parents and transportation staff starts with positivity. When contacting a student's parent or guardian, if the conversation is about a student's behavior, discuss the positive and the concern.

- Start out by stating the positives. Like friendliness, a little positivity goes a long way.

Foster a Sense of Trust

- The foundation of effective communication with parents also begins with

trust. When conversing with parents, reassure them that all discussions are confidential and that you have the student's best interests in mind as a school transportation bus attendant.

Communicate Often

- Make sure to communicate often! A common mistake school transportation staff frequently make is simply not communicating enough or only reaching out when there is a problem. Communicating frequently with parents reduces the likelihood of alarm when they do hear from you.

Communicate in Forms that Work for the Parent

- One size does not necessarily fit all. Many ways to communicate between parents and school transportation staff include apps, message boards, email, social media, texting, and phone calls. Check with your district to confirm approved methods and discuss these options with parents.

Ask Questions…and Listen!!

- When talking to parents, ask questions! Ask not just about health or behavior concerns but also about the student's interests, likes, and dislikes. Listen and absorb the information provided, and then ask follow-up questions!

Don't Make Assumptions

No school transportation operator or bus attendant should make assumptions about a student's home life. Follow the training provided by the district/company regarding mandatory reporting, and any other policies and procedures that may be in place if you have a concern about a student's home life

GENERAL TIPS FOR COMMUNICATION

- Be patient.
- Do not raise your voice.
- Speak slowly, firmly, and clearly.
- Do not show anger or frustration.
- Use simple vocabulary.
- Keep rules and limits to a minimum.
- Observe closely.
- Demonstrate with your hands what you want the student to do.

- Have a written emergency evacuation plan; go over it orally with your students; practice it twice a year, only on school grounds. You may conduct a mock evacuation instead of a physical evacuation, depending on the number of students on the bus.

SPECIFIC COMMUNICATION TIPS FOR OPERATORS AND BUS ATTENDANTS

Students with Hearing Impairments:

- Face the student(s) when you speak
- Write simple notes
- Point or demonstrate
- Basic sign language may be helpful

Students with Visual Impairments:

- Call the student by name
- Give clear directions for what you want done
- Talk with the teacher or parent for specific tips

Students with Intellectual Disabilities:

- Use simple vocabulary
- Give short, clear directions
- Demonstrate what needs to be done

Students with Orthopedic Impairments:

- Check to see if there are any adaptations, such as positioning or securement
- Selective seating may be helpful
- Have a plan ready for evacuation purposes

Students with Behavioral Disorders:

- Check and work closely with the teacher(s) on a behavior management plan
- Selective seating may be required

Students with Speech/Language Impairments:

- Listen carefully

- Ask the student to write you a note
- Use gestures
- Use simple vocabulary
- Find out if the student uses any technology for assistance
- Add picture cues

WORKING WITH INTERPRETERS

Interpreters play a crucial role in facilitating communication between individuals who speak different languages, including sign language. By conveying messages in another language, interpreters consider cultural context, nuances, and the appropriate register. Interpreters remain impartial participants and do not provide counseling, advice, or personal interpretations.

Federal law requires that parents and guardians of students in U.S. schools receive information in a language they can comprehend. This is often referred to as "language access" and entails ensuring that parents and guardians have meaningful access to information and services, regardless of their proficiency in spoken or written English, through interpreting (oral) and translation (written) services.

Tips for Working With Interpreters on the School Bus

- Never ask an interpreter not to sign something. This is considered to be extremely rude.
- Do not stand between the student and the interpreter.
- Look at the student when talking, not the person signing/interpreting.
- Speak slowly and clearly
- Try to avoid using acronyms, but if there is no other option, define what the acronym means.
- Explain technical terminology

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SECTION 7
STUDENT HEALTH CONCERNS

STUDENT HEALTH CONCERNS

Many students have health conditions that require special management during the school day. In Colorado, the school district Registered Nurse (RN) must train, delegate, and supervise non-nursing personnel who perform nursing tasks (e.g., gastrostomy feedings, tracheal suctioning, catheterizations, medication administration, etc.). The RN determines if non-nursing personnel may safely perform the care. If so, she/he may "delegate" authority under their license (train others) to perform the care. If not, the care will not be delegated. The school nurse is also responsible for obtaining information and coordinating health management for the students.

Every Colorado school district has a school nurse for at least Special Education services. All school transportation departments should know who their nurse is and ask for help obtaining student information to ensure safe transportation. Working together, the nurse and the transportation department can implement a medical plan that ensures the student's safety.

An Individual Health Care Plan (IHCP) identifies a student's health needs. The school nurse writes the plan with input from the parent, child (if appropriate), school administrator, and health care provider. These plans support student self-care and are written so non-medical personnel who contact students during the day can use them practically while using LRE, the least restrictive environment.

Components of an IHCP include identifying information, sources of medical care, a list and brief description of health problems, a treatment plan, an emergency plan, a transportation health care plan, and a plan for IHCP re-evaluation. It may also include signatures from parents and health care providers and the names of people trained to implement the IHCP.

Emergency Information

Provide each student's current medical emergency information to drivers and student assistants. Make emergency information available to substitute personnel (on a need-to-know basis) and accessible on buses for emergency response personnel. If your district does not have this information, request it. There are a variety of forms being used in Colorado, customized to each district's needs, but in general they include:

- The student's medical condition or disability
- What to do in a medical emergency
- The student's and parent's name, address, and phone numbers
- Names and numbers of emergency contacts

- The physician's name and phone number

District personnel must treat this information confidentially.

Table 5: Condition Planning

Functional concern	Ask the nurse/team to specify
Allergy/anaphylaxis or asthma	Triggers; early signs; student ability to self-carry/self-administer; authorized medication responder; when to call 911; post-use handoff.
Diabetes	Observable low/high glucose signs; monitoring or technology expectations; authorized treatment; food/drink rules; 911 threshold.
Seizure	Typical presentation/duration; positioning and injury protection; timing method; rescue medication authorization; 911 and recovery criteria.
Tracheostomy, suction, feeding tube, shunt, ostomy	What transportation staff observe; dislodgement/blockage/leak signs; protected positioning; actions prohibited; nurse/911 threshold.
Oxygen/respiratory equipment	Flow setting control; securement/ventilation; ignition separation; battery supply; alarm response; who may adjust equipment.
Mobility, tone, pain, pressure, or temperature regulation	Positioning limits; transfer method; tolerance; skin/comfort checks; environmental limits; when travel must pause.
Communication/cognition	How the student indicates distress; access to communication devices; processing time; sensory triggers; assent/cooperation supports.

Health Conditions

In addition to Characteristics of Students with Disabilities described under IDEA, the Exceptional Children's Educational Act (ECEA) of Colorado provides the following definitions:

A sustained illness means a prolonged, abnormal physical condition requiring continued monitoring, characterized by limited strength, vitality, or alertness due to chronic or acute health problems, and a disabling condition means a severe physical impairment. Conditions such as, but not limited to, traumatic brain injury, autism, ADHD, and cerebral palsy may qualify as a physical disability if they prevent a child from receiving reasonable educational benefits from regular education.

Criteria for a physical disability that prevents the child from receiving reasonable educational benefits from regular education depend on the diagnosis and degree of involvement in the regular school setting as characterized by any of the following:

- The child's chronic health problem or sustained illness requires continual monitoring, intervention, and/or specialized programming in order to accommodate the effects of the illness, so the child may reasonably benefit from the education program.
- The child's disabling condition interferes with ambulation, attention, hand movements, coordination, communication, self-help skills, and other activities of daily living to such a degree that it requires special services, equipment, and/or transportation.

Schools perform special procedures such as suctioning, tracheostomies, catheterizations, gastrostomy tubes, and more on a routine basis, and transportation staff should receive extra consideration and education when required to transport. Staff transporting students who may require oxygen, respirators, or ventilators should be properly trained to transport and secure this equipment.

Transportation departments must be informed about medically fragile students before beginning service. Qualified personnel must make transportation decisions and be included in developing and implementing the student's IEP and Transportation Plan while practicing LRE.

The term **"Chronic Health or Medical Problems"** describes temporary or permanent health conditions that make it impractical for the student to receive adequate education in the regular school program. Conditions may include but are not limited to seizure disorder, cardiac conditions, asthma, malnutrition, diabetes, pregnancy, or some physical disabilities such as muscular dystrophy, cerebral palsy, or spina bifida.

Students with serious medical conditions need a Transportation Health Care Plan, prepared with help from the district's nurse. The following describes several student health concerns that drivers and student assistants need to know about. They should know how to transport students with these concerns safely, as long as they are aware of them.

Anaphylactic shock

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. It typically causes more than one of the following: an itchy rash, throat or tongue swelling, shortness of breath, vomiting, lightheadedness, and low blood pressure. These symptoms can start within minutes or over hours.

Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. Coughing is normally worse in the morning or evening.

Attention Deficit Hyperactivity Disorder (ADHD or ADD)

When many people think of attention deficit disorder, they picture an out-of-control kid in constant motion, bouncing off the walls and disrupting everyone around. But this is not the only possible picture. Some children with ADHD are hyperactive, while others sit quietly—with their attention miles away. Some focus too much on a task and have trouble shifting to something else. Others are only mildly inattentive, but overly impulsive.

Cerebral Palsy (CP)

Cerebral palsy occurs as a result of a brain injury sustained during fetal development or birth. However, because CP symptoms affect a child's coordination and independent movement, the injury is not always diagnosed right away, especially when symptoms are mild.

Colostomy

A colostomy is an opening in the abdominal wall that is made during surgery. The end of the colon is brought through this opening to form a stoma. Colostomies can be large or small, and location can vary.

Cystic Fibrosis (C.F.)

Cystic fibrosis is a genetic disorder that affects mostly the lungs, pancreas, liver, kidneys, and intestine. Long-term issues normally include difficulty breathing and frequent lung infections.

Diabetes

Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high. With Type 1 Diabetes, your body does not make insulin. With Type 2 Diabetes, which is more common, your body does not make or use insulin well, leaving it in the bloodstream where it cannot be accessed as energy.

Down Syndrome

Down syndrome is a condition in which a person has an extra chromosome. This extra copy changes how the baby's body and brain develop, which can cause both mental and physical challenges for the child.

Gastrostomy (G-Tube)

Some kids have medical problems that prevent them from being able to take adequate nutrition by mouth. A gastrostomy tube (also called a G-tube) is a tube inserted through the abdomen that delivers nutrition directly to the stomach.

Hearing Disability

Hearing loss, also known as hearing impairment, is a partial or total inability to hear. In children, hearing problems can affect the ability to learn spoken language, and in adults, it can create difficulties with social interactions and at work.

Heart Disease

Heart disease, or cardiovascular disease, generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain, or stroke. Other heart conditions, such as those that affect your heart's muscle, valves, or rhythm, also are considered forms of heart disease.

Hemophilia

Hemophilia is a rare disorder in which your blood does not clot normally because it lacks enough blood-clotting proteins (clotting factors). If you have hemophilia, you may bleed for a longer time after an injury than you would if your blood clotted normally.

Hydrocephalus

This condition is characterized by excessive fluid accumulation in the brain. Although hydrocephalus was once known as "water on the brain," the "water" is cerebrospinal fluid (CSF), a clear fluid that surrounds the brain and spinal cord. This widening can create potentially harmful pressure on brain tissue.

Kidney Disease

This happens when your kidneys are damaged, and waste products and fluid can build up in your body. That can cause swelling in your ankles, nausea, weakness, poor sleep, and shortness of breath. Without treatment, the damage can become worse, and your kidneys may eventually stop working.

Leukemia

Leukemia is a type of cancer that affects blood and bone marrow cells. After beginning in a bone marrow cell, the disease rapidly duplicates, creating more leukemia cells and suppressing normal, healthy cell development.

Muscular Dystrophy (MD)

Muscular dystrophy is a group of diseases that cause progressive weakness and loss of muscle mass. In this disease, abnormal genes (mutations) interfere with the production of proteins needed to form healthy muscle. There are many distinct kinds of muscular dystrophy.

Neurofibromatosis (NF)

Can affect many parts of the body, including the brain, spinal cord, nerves, skin, and other body systems. NF can cause growth of non-cancerous (benign) tumors involving the nerves and brain.

Oxygen

Oxygen may be transported on buses when medically necessary and must be properly secured. Transport only one tank per student due to safety concerns. Maximum tank size should be no more than 38 cubic feet. The tank should weigh no more than 10 pounds and be no more than 5 inches in diameter.

Seizure Disorders (Epilepsy)

A neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.

Spina Bifida (Myelomeningocele) and Spinal Cord Injuries

Spina bifida is a birth defect that occurs when the spine and spinal cord do not form properly. It falls under the broader category of neural tube defects. The neural tube is the embryonic structure that eventually develops into the baby's brain and spinal cord and the tissues that enclose them.

Spinal Cord injuries usually begin with a blow that fractures or dislocates your vertebrae, the bone disks that make up your spine. Most injuries cause damage when pieces of vertebrae either tear into cord tissues or press down on the nerve parts that care signals.

Tourette's Syndrome (TS)

Tourette's Syndrome is classified as a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations called tics.

Tracheostomy

This surgical procedure uses a curved tube that is placed in a tracheostomy stoma, or incision in the trachea, to allow for direct breathing.

Traumatic Brain Injury (TBI)

A brain dysfunction that is usually caused by an outside force (i.e., car accident) resulting in a violent blow to the head.

Universal Precautions

Please also see District policies on this.

Universal precautions refer to the practice, in medicine, of avoiding contact with patients' bodily fluids by wearing nonporous articles such as medical gloves, goggles, and face shields.

Vision Disability

A decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses/contacts. Some also include people with decreased vision who lack access to glasses or contact lenses.

V-P Shunt

This is a cerebral shunt usually placed to help drain cerebrospinal fluid that is putting pressure on the brain (hydrocephalus).

TRANSPORTATION PLANNING BY FUNCTIONAL NEED

IDEA eligibility categories describe educational eligibility; they do not, by themselves, determine transportation service, vehicle assignment, staffing, equipment, or supervision. Transportation planning should focus on how the student's individual strengths and needs affect the trip.

Communication and Sensory Access

Identify how the student communicates, understands directions, signals distress, and responds to noise, light, touch, transitions, or unexpected change. Document the communication supports and predictable routines staff should use.

Mobility, Positioning, and Physical Assistance

Document the student's ability to board, exit, transfer, remain seated, maintain head and trunk control, and evacuate. Identify trained assistance, approved equipment, lifting restrictions, and any therapist or manufacturer instructions that affect transportation.

Medical and Health Support

Provide staff with student-specific warning signs, required actions, emergency contacts, equipment instructions, and the limits of staff responsibility. Assign, train, and delegate medical tasks through the appropriate process.

Behavior, Cognition, and Self-Regulation

Identify triggers, prevention strategies, communication supports, reinforcement methods, supervision needs, and the response expected when conduct creates an immediate safety concern. Transportation procedures should align with the student's applicable educational and behavior plans.

Independence and Travel Skills

Consider the student's ability to recognize the assigned vehicle and stop, follow loading and unloading procedures, manage belongings, navigate transfers, respond to route changes, and seek help. Build independence when it is safe, appropriate, and consistent with the student's plan.

IDEA's 13 DISABILITY CATEGORIES

Not every child with learning and attention issues is eligible for special education under IDEA. To qualify, your child's issues must fall under one of the 13 disability categories that IDEA covers. They are:

Autism

<u>The Student</u>

These students exhibit a wide range of intellectual and behavioral differences. Some students do not communicate, communicate in a meaningless manner, or have emotional outbursts, abnormal reactions to sound, hyperactivity, lethargy, abnormal responses to objects, abnormal fears, and difficulty communicating with others.

<u>The Driver/Bus Attendant</u>

- Bus attendants are essential to ensure transportation safety for this population.
- Ignore behaviors that do not hamper bus safety.

- When behaviors affect bus safety, intervene.
- Plan intervention carefully. For example:
    - Give only one- or two-word directions to correct inappropriate behavior.
    - Do not provide choices.
    - Be sure that all requests are given in a quiet, gentle, firm voice.
    - Stop the bus if there is a severe disruption.
- Maintain a daily routine that minimizes inappropriate behaviors.

Deaf-blindness

The Student

Students with hearing and visual impairments require very specialized planning. Consistency in seating, communication, and daily management are required to minimize transportation problems. Students who are deaf-blind react positively to a daily routine and are easily distracted and upset by sudden change.

The Driver/Bus Attendant

- Bus attendants should be considered essential to accommodate these students.
- Transporters of this population require extensive training, skill, and knowledge about mobility and alternative communication techniques.

Deafness

The Student

Not all deaf students communicate in the same manner. Some deaf students use only sign language, others lip-read only, and others use a total communication system that includes both sign language and lip-reading.

The Driver/Bus Attendant

- Deaf students who are able to maintain communication with the driver or assistant will present fewer behavioral problems.
- Be familiar with the student's mode of communication.
- If the primary mode of communication is sign language, learn enough basic signs and finger spelling to provide safe transportation.
- Keep paper and pencil available for transportation purposes.

Developmental Delay

The Student

Students who are developmentally delayed demonstrate a broad range of abilities and functional levels. These students may be ambulatory or non-ambulatory and may attend their local home school or a special education center.

The Driver/Bus Attendant

- The degree to which transportation services must be modified depends on such factors as independent functional level, ability to follow directions, ability to memorize and retain safety rules, and day-to-day age-appropriate self-help and adaptive behavior skills.
    - More mentally disabled students are being transported on regular vehicles and integrated with their non-disabled peers.
    - Severely and profoundly mentally disabled students require a greater level of assistance because of their limited level of comprehension or severe memory limitations.
    - Work closely with the school educational staff regarding best practices.
- It is difficult for students to conform to what is expected if they cannot comprehend the expectation. Expectations should be related to the student's functional ability.
- Follow a daily routine.
- Speak softly and firmly.
- Be friendly.
- Give one-part directions.
- Students who have toileting problems should be toileted before leaving home in the morning and before leaving school in the afternoon. Students should wear appropriate garments to protect the school bus seats.

Emotional Disturbance

The Student

These students can be the most challenging to provide with daily transportation services. The day-to-day transportation problems may range from mild to severe behavior disruptions. Inappropriate behaviors may include failure to stay seated, name-calling, hitting, spitting, screaming, stealing, fighting, exiting the bus, and destruction of

property.

The Driver/Bua Attendant

- Get behavior management training.
- A structured daily routine that is coordinated with the student's instructional program will enhance appropriate behavior.
- Video cameras have been recognized for their effectiveness in modifying bus behavior.
- In addition, there has been success in not transporting all seriously emotionally disturbed students on the same bus. In urban areas with mass transit, many students have successfully used this transportation option.

Hearing Impairment

The Student

Students with hearing impairments may or may not use sign language. These students may have fluctuating hearing and therefore do not respond consistently to verbal communication.

The Driver/Bus Attendant

- Establishing effective communication practices increases acceptable behavior.
- Be sensitive to each student's communication needs.
- Accommodate hard-of-hearing students by patiently repeating missed information, speaking clearly, and avoiding excessive background noise, which further reduces hearing.
- Students should be able to see the lips of the person speaking.

Multiple Disabilities

The Student

Students with multiple disabilities require extensive planning.

The Driver/Bus Attendant

- Recommendations for other disability students may be implemented for these students. In addition, many of these students may also have medical problems that require special knowledge and skills.
- In-service training must include extensive information and skill development

about alternative communication systems, special equipment management, student positioning, and behavior management techniques.

- Because of the range of severity of disabilities under this definition, emphasize safety.
- Visually monitor the status of each child during the ride. It is recommended to have a trained bus attendant who can work closely with the driver.

Orthopedic Impairment

The Student

Students with orthopedic impairments may require specialized services.

The Driver/Bus Attendant

- Many of these students require specialized seating, physical handling, or specialized equipment with adaptations.
- If significant modifications are required, they should be discussed at the IEP meeting where the parents and appropriate educational and related services personnel can address the required modifications.
- If special personnel are required to assist these students, both the driver and attendant should be knowledgeable about each student's needs.
- Safety in student handling and equipment management are essential skills for drivers and attendants.

Other Health Impairments

The Student

This definition encompasses a broad range of students. This category includes children with limited strength who may appear no different from their non-disabled peers.

The Driver/Bus Attendant

- Know about each student's disability and how it may be manifested while on the school bus. Special education personnel, occupational and physical therapists, and nurses can provide valuable assistance that increases safety and reduces liability risk in emergencies.
    - For example, the safety of a student with hemophilia requires priority seating to prevent any dangerous bleeding.
    - For the epileptic student, seat assignment and climate control may be vital

to reduce seizure activity.

- For the student with diabetes, glucose tablets should be available on each school bus, and the driver or attendant should be familiar with administration.
- Students with lead poisoning may demonstrate mild to severe attention deficits, as well as an inability to control impulsive behavior.

- All drivers should be provided adequate in-service training about children with disabilities since children with health impairments may frequently be transported with their non-disabled peers.

Specific Learning Disability

The Student

This student population rarely requires special transportation intervention. The majority of these students ride the school bus with their non-disabled peers.

The Driver/Attendant

- Because these students frequently do not look or act differently from others, their special needs are not obvious.
- A learning-disabled student may have a problem using or understanding language.
- Students who have severe learning disabilities may require patience and understanding with written and oral communication.

Speech or Language Impairment

The Student

This student population rarely requires special education transportation services except for age. Because of the emphasis on early intervention, this population is more frequently being served at an early age.

The Driver/Bus Attendant

- Have transportation equipment that is appropriate for a child's age to ensure safety for young children.

Traumatic Brain Injury

The Student

This student population often requires very specialized transportation planning because of limited physical, behavioral, or intellectual abilities. Students who have suffered traumatic brain injury were not born disabled and may demonstrate extreme frustration trying to accept changes in their physical, behavioral, or intellectual status.

The Driver/Bus Attendant

- Identify personnel to provide assistance with interventions recommended on the student's IEP. Rehabilitation personnel are often most knowledgeable about this population's needs and can provide valuable assistance.
- Patience, compassion, and effective communication are essential elements for appropriate services.

Vision Impairment

The Student

This student population may or may not require special services. The required level of intervention depends on the student's ability to function independently.

The Driver/Bus Attendant

- Carefully assess each student to provide the appropriate level of assistance.
- Some students require extensive assistance to be seated, while others need little or none.
- To ensure safety, maintain a consistent daily routine that includes the same seat assignment.
- Use verbal communication to provide compensation for what cannot be seen.
- Directions should be precise.
- Communication should be friendly and direct.

However, having one of the 13 disabilities does not automatically qualify a child under IDEA. To be eligible, a student must:

- Have a disability ***and, as a result of that disability…***
- Need special education in order to make progress in school.

DO NOT RESUSCITATE ORDERS (DNR)

Except in rare circumstances as indicated below, in emergency situations involving accident or illness, school district employees are expected to render first-aid and life-

sustaining care to the extent of their knowledge and training, utilize emergency medical resources available in the community, and seek assistance of school medical personnel or other staff members.

When a student with special health needs is enrolled in a district school, an Individualized Health Plan ("IHP") shall be prepared and reviewed at least annually (and whenever there is a change in personnel or a change in the student's medical status) by the school nurse, the parent/guardian, and the student's physician. The IHP shall set forth the student's special health needs and the plan for addressing those needs in the school setting. In planning for the student's special health needs, the school nurse shall consult with and access applicable community resources when appropriate. If the student has an IEP or 504 plan, the IEP or 504 team will determine whether the IHP and any emergency protocol should be attached to the student's IEP or 504 plan.

Transportation Response to a CPR Directive or DNR Order

Before transportation begins

1. The authorized health/legal team verifies the document, validity requirements, scope, effective dates, storage, and how EMS will be informed.
2. The IEP/504 and transportation teams translate the directive into a student-specific emergency plan without asking transportation staff to interpret legal or clinical language.
3. Assigned and substitute staff receive need-to-know instructions, practice the communication pathway, and document competency before assignment.
4. The district confirms who carries or accesses the directive, who contacts EMS and the school, and what care continues while awaiting responders.

Table 6: If the student is unresponsive or has a life-threatening emergency

Step	Operator/attendant action
1 — Protect immediate safety	Stop and secure the vehicle; assess scene safety; direct other passengers according to the emergency plan.
2 — Activate emergency response	Call 911/EMS and dispatch immediately. State the observable emergency and that an approved student-specific directive/plan exists, if applicable.
3 — Follow the approved plan	Provide only the first aid, CPR/AED, comfort care, monitoring, or other action expressly required by the current district-approved plan and within staff training/scope.
4 — Transfer authority	Give EMS the directive/plan through the approved method; continue assigned actions until EMS or another authorized responder relieves you.
5 — Account and notify	Maintain student/passenger accountability; dispatch or the designated administrator completes family, school, nurse, and leadership notifications.
6 — Document and review	Record objective facts and actions. Preserve relevant equipment/records. Do not resume routine service for the student until required review/clearance is complete.

Transportation staff must not

- Decide whether a directive is legally valid, interpret ambiguous terms, or choose a response based on an unofficial copy or verbal statement.
- Withhold emergency activation, first aid, CPR/AED, or other expected care unless the approved student-specific plan clearly directs the staff action and the district has verified its authority.
- Perform medication administration, airway procedures, equipment adjustments, or clinical assessment beyond current authorization, delegation, training, and plan.
- Disclose the directive to passengers, families, or staff who do not need the information.

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SECTION 8
BEHAVIOR MANAGEMENT

BEHAVIOR MANAGEMENT

Managing Your Passengers

All passengers on the school bus must follow rules established by the school district. Do not permit behavior that puts the safety and health of the student, other students, the driver/bus attendant, or the community at risk.

Bus rules apply to all students, including those with disabilities. General rules include:

- Remain seated when the vehicle is moving.
- Keep hands, feet, and objects to oneself.
- No swearing, rude gestures, or teasing
- Speak at a classroom level.
- Follow the driver's and/or bus attendant's directions.
- Stay out of the danger zone surrounding the vehicle when loading or unloading

The school district may mandate more specific requirements, which it must communicate to the student and family. These may include:

- Keep all parts of the body inside the windows.
- Do not throw objects out of the windows or onto the floor.
- Do not touch emergency exits or tamper with any part of the bus.
- Do not use pencils or other sharp and unsafe implements.
- No eating or drinking allowed on-board a school transportation vehicle (IEP may dictate otherwise)
- No use of alcohol, cigarettes, or illegal drugs

Behavior of Children with Special Needs

It is important to determine whether the child understands that his/her actions are inappropriate or unsafe. The behavior may be related to a particular disability and not willful misbehavior. If the disability underlies the child's behavior, discipline may not be an appropriate way to handle the disruption. Behavior problems are usually a form of communication; a student may not be able to communicate with the driver/bus attendant in any other way to let them know that something is wrong. It is important to understand why students are acting as they are. Implement corrective steps tailored to the student's situation.

Students with emotional disorders will usually have a behavior modification program in place at home and at school. This program should extend to the bus environment, and the driver and bus attendant need to understand how to follow it.

School personnel and the family must work together to address any behavior problems on the school bus. Get involved with the school and the family as soon as behavior problems occur.

Praise and Patience: Two Keys to Good Discipline

Children respond better to praise for good behavior than to punishment for breaking the rules. Praise is usually an appropriate reward, but never use food to reward a student. This could encourage eating on the bus, and the student may have food allergies or could choke while eating. Smiles and kind words work best! Additionally, a driver and/or bus attendant may choose to acknowledge appropriate passenger behavior by issuing a reward certificate (tickets, school-approved reward system).

Patience may be needed with children with disabilities. Some may have limited memory or attention spans because of invisible conditions. Therefore, you may need to repeat instructions and praise frequently. Having written rules with pictures may help. For some students, it helps to give directions in short phrases, only one or two instructions at a time.

If a student's behavior is an ongoing problem, an appropriate behavior program could be written into the child's IEP. By doing so, the teachers, parents, driver(s), and all other service providers agree on the course of action that must be taken.

What is Reasonable Restraint?

CRS 22-32-147

This type of restraint should not be confused with occupant restraint or Child Safety Restraint System (CSRS), which prevent crash-related injuries. When we talk about reasonable restraint in connection with misbehavior, it means "immobilization of the individual's movement by a staff member's direct contact."

Most districts have extremely specific School Board Policies on Reasonable Restraint. These policies are critical to student safety and the legal protection of the Drivers/Assistants. Never use restraints and seclusion for coercion, retaliation, or as a staff convenience when dealing with problematic behaviors. Use physical restraint ***only as a last resor***t, and only trained personnel should use it. Schools should never use mechanical restraints to restrict a child's freedom of movement. You must be trained before you can use any restraint on a student.

If a child with disabilities has a behavior plan that requires a specific type of discipline-related restraint, address it in the IEP and behavior plan. If you, as a transportation professional, are unclear about what is expected of you or how to handle specific behavior, ask the other members of the group who prepared the plan.

The Office of Civil Rights defines physical restraint as: “a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort. Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location.” Schools should never use other forms of restraint, such as mechanical or chemical.

Fifteen Principles for Restraint

1. Every effort should be made to prevent the need for the use of restraint and for the use of seclusion.
2. Schools should never use mechanical restraints to restrict a child’s freedom of movement, and schools should never use a drug or medication to control behavior or restrict freedom of movement (except as authorized by a licensed physician or other qualified health professional).
3. When imminent danger to self and others has dissipated, physical restraints or seclusion should be discontinued.
4. Policies restricting the use of restraint and seclusion should apply to all children, not just children with disabilities.
5. Any behavioral intervention must be consistent with the child’s rights to be treated with dignity and to be free from abuse and should only be used for the protection of the child and/or those around them.
6. Restraint or seclusion should never be used as punishment or discipline (e.g., placing in seclusion for out-of-seat behavior), as a means of coercion or retaliation, or as a convenience.
7. Restraint or seclusion should never be used in a manner that restricts a child’s breathing or harms the child.
8. The use of restraint or seclusion, particularly when there is repeated use for an individual child, multiple uses within the same classroom, or multiple uses by the same individual, should trigger a review and, if appropriate, revision of strategies currently in place to address dangerous behavior; if positive behavioral strategies are not in place, staff should consider developing them.

9. Behavioral strategies to address dangerous behavior that results in the use of restraint or seclusion should address the underlying cause or purpose of the dangerous behavior.
10. Teachers and other personnel should be trained regularly on the appropriate use of effective alternatives to physical restraint and seclusion, such as positive behavioral interventions and supports and, only for cases involving imminent danger of serious physical harm, on the safe use of physical restraint and seclusion. Staff should make every effort to prevent the need for restraint and seclusion.
11. Every instance in which restraint or seclusion is used should be carefully and continuously and visually monitored to ensure the appropriateness of its use and safety of the child, other children, teachers, and other personnel.
12. Parents should be informed of the policies on restraint and seclusion at their child's school or other educational setting, as well as applicable Federal, State, or local laws.
13. Parents should be notified as soon as possible following each instance in which restraint or seclusion is used with their child.
14. Policies regarding the use of restraint and seclusion should be reviewed regularly and updated as appropriate.
15. Policies regarding the use of restraint and seclusion should provide that each incident involving the use of restraint or seclusion should be documented in writing and provide for the collection of specific data that would enable teachers, staff, and other personnel to understand and implement the preceding principles.

What is Seclusion?

The Office of Civil Rights defines seclusion as: "the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming."

Restraint and Seclusion Process (R/S)

Prevention of R/S is the ultimate goal; however, crisis or emergency situations may require R/S. If R/S is used, consider the processes during, after, and for reporting.

During a Restraint/Seclusion

When imminent physical harm is likely, the first priority is everyone's safety and de-escalating the crisis. This may require R/S to maintain safety and prevent serious injury.

Reporting a Restraint/Seclusion

Once R/S occurs, school personnel document and report it to the family, district, and state following district and state policies. Documentation should include information on the following:

- Specific procedure used
- Time of day, duration, and location of the event
- Detailed account of the events that occurred before, during, and after use of a restraint or seclusion procedure.

After a Restraint/Seclusion

After using R/S, schools follow a process to debrief the incident and plan for prevention. The goal of this debriefing process is to make informed adjustments to prevent future crises. Remember that any crisis situation requiring the use of R/S should be viewed as a prevention failure.

Ongoing Monitoring

Teams should regularly review the use of restraint or seclusion to ensure school personnel use these crisis procedures in accordance with district and state procedures. Teams review data surrounding documented incidents to understand whether prevention or reducing behavioral crises at each level has been successful.

Prevention

Prevention for R/S is vital in reducing the use of these exclusionary and reactive practices. One prevention strategy is to create a district-wide approach that promotes evidence-based alternatives and provides professional development to train school personnel. Another prevention strategy is to improve PBIS practices at the school level.

Table 7: PREVENTION-FIRST VEHICLE DECISION PATHWAY

Decision point	Required response
1. Signs of escalation?	Use a calm voice, predictable language, visual/communication supports, reduced demands, seating/sensory supports, and early dispatch notice.
2. Immediate danger?	If no, continue prevention and seek assistance. If yes, the operator safely stops and secures the vehicle; staff create distance and protect other students as conditions allow.
3. Can danger be reduced without physical intervention?	Use evacuation/relocation of other passengers, environmental control, trained de-escalation, and responder support when safer and feasible.
4. Physical restraint considered?	Only trained/authorized staff may use an intervention permitted by law, district policy, the approved program, and the student plan—and only for the minimum time necessary to address the immediate safety emergency.
5. Emergency controlled?	Check for injury/distress, obtain health/EMS support as indicated, notify required parties, preserve facts, and do not use restraint as punishment or to force routine compliance.
6. Before next transport	Complete reporting, required parent/guardian notice, supervisory and team review, staff debrief/support, corrective action, and plan/training update.

Required Local Review

A qualified behavioral specialist must review this pathway against current Colorado requirements, district policy, approved crisis-response programs, and the student's behavior and transportation plans. A vehicle is a confined, moving environment; staff must not improvise physical interventions.

Permitted safety actions when trained and conditions allow

- Safely stop and secure the vehicle, summon dispatch/911 or trained responders, control traffic hazards, and maintain passenger accountability.
- Use plan-based verbal, visual, communication, sensory, seating, and environmental supports.
- Move other students or evacuate according to the emergency plan when remaining aboard creates greater risk.
- Use only an expressly authorized intervention within current training, scope, and legal/policy limits.

Prohibited Actions

- Restraint or seclusion for punishment, convenience, retaliation, coercion, routine noncompliance, property protection alone, or because staffing/supports are inadequate.
- Prone restraint, breathing restriction, chest/neck pressure, unsafe vehicle positioning, mechanical restraint used for behavior control, or any technique prohibited by law/policy.
- Locking or isolating a student in a vehicle/compartment, leaving a student unattended, or continuing to drive while staff is physically managing an unsafe event.
- Using a CSRS, safety vest, seat belt, wheelchair securement, or other transportation safety device as behavioral restraint outside its intended safety function and approved plan.

Table 8: Notification, Documentation, and Review

☐ Immediate injury/medical assessment completed	☐ Dispatch/administrator notified
☐ 911/EMS/law enforcement contact recorded if applicable	☐ Parent/guardian notice completed within required timeframe
☐ Objective incident report completed	☐ Required restraint/seclusion report completed
☐ Video/evidence preserved under policy	☐ IEP/504/behavior team notified for review
☐ Staff and student debrief/support completed	☐ Route, plan, staffing, equipment, and training corrections assigned

RESTRAINT AND CRISIS-PREVENTION TRAINING

CPI - Crisis Prevention Institute

- What is Nonviolent Crisis Intervention® Training?
    - Nonviolent Crisis Intervention® training equips you with skills, confidence, and an effective framework to safely manage and prevent difficult behavior.
        - Reduce restraint use!

        - The truth is that CPI training is designed to help you reduce and even eliminate restraint use. Of course, sometimes restraint is needed as a last resort, only if a student presents an immediate threat of physical harm to self or others. But so often, restraint can be prevented. In fact, 61% of educators report that CPI has helped their schools reduce restraint use by 50–99%. Some schools even eliminated restraint use entirely.

NHTSA – Child Passenger Restraint System

- Available at STN
- The Child Passenger Safety on School Buses National Training provides an overview of the use of child safety restraint systems on school buses, with a focus on pre-school-aged children and children with disabilities. The training incorporates instructional videos throughout. Participants are provided time for hands-on practice with guidance from skilled staff members. Nationally certified Child Passenger Safety Technicians will earn 3.5 continuing education units (CEUs) for course completion.

QBS – Quality Behavioral Services

- Safety-Care™ Behavioral Safety Training program provides the skills and competencies necessary to effectively prevent, minimize, and manage behavioral challenges with dignity, safety, and the possibility of change. Using the newest and most effective technologies from Applied Behavior Analysis (ABA) and Positive Behavior Interventions & Supports (PBIS), this Safety-Care program provides your staff with strategies not only to prevent and manage behavioral challenges, but also to effectively teach replacement behaviors. Appropriate for individuals experiencing developmental, neurologic, psychiatric, and other impairments, Safety-Care supports a more positive, reinforcement-based approach, skill development, and fewer restraints.
    - Safety-Care provides the tools you need to be safe when working with behaviorally challenging individuals.
        - We can help you to:
        - Understand how and why crisis events happen, and ways in which we might inadvertently contribute to them.
        - Prevent crises using a variety of supportive interaction strategies.
        - Apply simple, evidence-based de-escalation strategies that are effective for any population.

- Respond appropriately and safely to dangerous behavior.
- Prevent the need for restraint.
- Intervene after a crisis to reduce the chance that it will happen again.

MANDT ® – Trademarked Program

- We maintain and continue to promote a commitment toward **Restraint Reduction** and **Restraint Elimination** by achieving the ultimate goal of the Mandt System ® - to build healthy relationships in the workplace between all people.

UKERU ® - Comfort vs. Control® and Trauma-Informed Care

- Restraint-Free, Trauma-Informed Care. The Ukeru technique is a restraint-free crisis management and de-escalation system designed as an alternative to physical restraint and coercive behavioral methods. It focuses on receiving information from a person's actions rather than reacting with control or force.

TIPS FOR WORKING WITH CHILDREN WITH SPECIAL NEEDS

- Make sure that your students are aware of the bus rules the first day and then enforce them.
- You should expect the same standard of behavior from a special needs student as you expect from a regular education student unless there is a legitimate reason to treat the student differently.
- Show the children that you care. Look for the good qualities!
- Never give an instruction that you cannot enforce. Be consistent with your follow-through.
- Let the students sit with their friends (IF POSSIBLE)
- Learn the children's names and greet them each morning and evening.
- Show a sense of humor that is appropriate to the student's understanding.
- Remember that you are working with children, not adults.
- Show an interest in the students and their school.
- If you have minor problems with the riders, first try to solve them yourself before going to the school and/or your parents.
- Listen to suggestions from the school staff and parents.

- Set a good example by your conduct, appropriate dress, and following the appropriate district policies, procedures, and rules of the road.
- The safety and well-being of your passengers is your responsibility. Put your heart into it.
- Be patient. It takes a lot of patience with a large group of healthy, lively children.
- You are the first person to see the child in the morning and the last to see him/her in the afternoon. Always report anything suspicious or unusual to school authorities immediately.
- Remember, you are a valuable member of the team who deals with these students. You can be proud that you have exceptional skills to work with these kids! If you need additional training, please contact the school.

Inappropriate Behavior

This is any misbehavior that involves the safety and welfare of bus riders or others:

- Failure to remain seated.
- Teasing/harassing others
- Hitting, fighting, or assaulting other students, driver(s), or bus attendants
- Refusal to obey the driver/para instructions.
- Throwing objects out of the bus
- Improper bus loading or unloading
- Unauthorized use of emergency exits or equipment.
- Possession of a weapon
- Vandalism or destruction of property
- Profanity/obscene gestures
- Use of tobacco on the bus or on school property
- Use of illegal drugs or alcohol on the bus or on school property
- Spitting
- Other dangerous, disruptive, or inappropriate behavior

All students, including students with disabilities, are expected to exercise self-control commensurate with their development and abilities.

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SECTION 9
EMERGENCY EVACUATIONS

EMERGENCY EVACUATION REQUIREMENTS FOR SPECIAL NEEDS STUDENTS

The Colorado Rules for the Operation, Maintenance, and Inspection of School Transportation Vehicles (1 CCR 301-26, Section 16.0) require emergency evacuation drills with students at least twice each school year. Maintain documentation of these drills. Under Rule 16.1.3, alternative written evacuation plans may replace physical drill participation for students with access and functional needs. Transportation personnel must maintain these plans on file and review them at least twice per school year. Additionally, Rule 6.3.1(A)(3) requires that all drivers and bus attendants assigned to special needs routes receive annual documented training on emergency evacuation procedures for students with special needs and assistive devices.

In an actual emergency, there would be no time to explain the evacuation plan. Drivers, bus attendants, and students must know what to do in advance. These regulations should encourage each transportation department to develop procedures for conducting these drills. A bus carrying special needs students, particularly students who are physically disabled, would be evacuated in an emergency only when absolutely necessary in order to preserve life. Some special needs students may not be able to fully participate in an evacuation drill because of the nature of their disabilities. Decisions should still be made as to how these students can be evacuated in an actual emergency and documented.

Preparing a Plan

Drivers and bus attendants should have extensive conversations about the plan they write. They should also consult teachers, parents, therapists, or any other person(s) who could lend insight on how to handle a specific child. Emergency information forms and health care action plans are excellent sources of information about the students. Transportation personnel should know each student's medical or disabling condition, especially if it could affect an emergency evacuation.

If you need clarification or additional information, contact the person(s) who can provide or obtain whatever is necessary to prepare the evacuation plan. That person may be the special education scheduler, driver/trainer, dispatcher, school nurse, or a district representative who is designated with those responsibilities in the school district and/or transportation department.

Training for Drivers and Bus Attendants

Train drivers and bus attendants to:

- Examine adaptive equipment or assistive devices used by each student (lap belts, safety vests, leg braces, wheelchairs, etc.) and get familiar with how they work. Determine what kind of quick-release methods might be used with them. Request in-service training on any equipment or device that is new or unfamiliar.
- Evaluate each student and her/his equipment on an individual basis, in terms of how quickly they can be removed from the bus.

Some determining factors include:

- Size (weight/height of student and her/his equipment).
- Is the combined weight of student and equipment too heavy to lift out the emergency door?
- If the lift is inoperable, would the student be carried off the bus or dragged to the exit(s) on a blanket?
- Which students are capable of assisting in an emergency situation?
- Which student(s) tend to wander, need monitoring, or other special attention, etc.?
- Is there a serious medical problem which would prevent the driver/bus attendant from removing the student from a wheelchair in the event the lift is rendered inoperable due to an accident or fire?
- Understand the extent of each student's disability and /or physical limitations, impairments, or weaknesses.
- Evaluate the seating location of the student. Where the student is seated on the bus, combined with the type of assistive device s/he might require, will impact the emergency evacuation plan.
- Know the length of time a student requiring life support equipment or medical care procedures can survive if such service is interrupted or delayed during the emergency evacuation process.

Other questions that may need to be answered, or issues that may need to be addressed, include:

- If a ventilator-dependent student needs assistance, what are the appropriate procedures, and who is trained to assist if the IEP-required nurse is incapacitated?
- What precautions should be taken with any oxygen tanks on board if there is a fire or threat of fire?

- What are the procedures for any companion animal on board during an emergency?
- What special challenges might a student with a quadriplegic condition present?
- When will an expensive augmentative device be removed from the bus or left behind?
- Consider challenges that might be encountered with a student who is unwilling or unable to respond to verbal instructions. Consult the student's teacher and /or parent for the proper techniques to handle a child who refuses to get on or off the bus. If the techniques are not successful during practice drills, pursue further assistance from the appropriate designee assigned to provide such information in the school district.
- If a driver is not assigned a bus attendant on the route, s/he might consult other drivers for feedback on her/his emergency evacuation plan and include talking with the drivers who have driven the child before.
- Discuss the plan with each student's parent/guardian to make sure there is support and agreement as to how the student should/could be removed from the bus in an emergency situation.

Writing a Plan

After the driver and bus attendant have verbally discussed and mentally planned, document a written evacuation plan for each bus run in the route package. A complete plan for both front and rear exits is recommended.

Clearly outline designated tasks for both the driver and the bus attendant. In an evacuation, the driver's primary duty is to secure the vehicle, call dispatch, and manage the main exits, while the attendant focuses on unbuckling restraints, executing lift or drag techniques, and managing student behavior in the safe zone.

One technique is to include a diagram of the floor plan that indicates the seats and wheelchair tie-down locations for each bus. Print each student's name according to where they sit on the bus. Beneath the student's name, make the notation that is most appropriate for that student (i.e., can assist driver/bus attendant in emergency, needs assistance to walk, remove student and chair, may remove student from chair, may use blanket drag, etc.)

Another technique for identifying the student's abilities or special needs is using the "Dot System," a colorful eye-catcher:

- Green Dot: Indicates that the student may evacuate on their own without supervision and can assist other students.
- Yellow Dot: Indicates the student may have some difficulty but can undo their seat belt and may be able to crawl to the emergency exit.
- Red Dot: Indicates the student will need complete supervision and/or assistance.

Indicate on the evacuation plan the sequence of removal for the students to each emergency exit. Write out a brief description and include any necessary and appropriate information and /or special instructions for each student.

Privacy and Emergency Accessibility

Because written evacuation plans contain confidential medical details and functional capability codes, store the binder securely in the driver's compartment out of plain view of daily passengers. Ensure substitute drivers, dispatch, and emergency responders can immediately locate the plan in a crisis.

Regulatory Compliance and Reviews

Once the plan is written and practiced, drivers and bus attendants should review it frequently, update and adjust it for any passenger changes, and always remain mentally alert. An emergency evacuation may be necessary at any moment. We do not get to choose our emergencies or when they happen.

- Per 1 CCR 301-26 (Rule 16.1.3), written emergency evacuation plans for students with access and functional needs must be maintained on file by the transportation department and reviewed by drivers and attendants at least twice per school year. Updates must occur immediately whenever a new student is assigned, or a student's mobility needs change.

Emergency Equipment and Tool Locations

When discussing an evacuation plan, keep in mind that the goal is to evacuate all students safely and as quickly as possible. Note the exact location of specialized emergency tools on the plan, including seatbelt cutters, evacuation blankets, and manual release tools for power lifts or wheelchair securement systems. Indicate specific steps for handling life-support equipment, such as securing or disconnecting portable oxygen tanks during student removal.

Conducting the Evacuation Drill

Any sudden change in a daily routine may upset some special needs students. To eliminate the element of surprise, discuss the plan with all students before actually conducting an emergency evacuation drill. Allow them to contribute their suggestions and information. Spend several days preparing them verbally for the actual drill.

Once everything has been discussed in detail, put the plan into action and evacuate all ambulatory and semi-ambulatory students from the bus using the designated emergency exit.

To avoid injury, evacuate all non-ambulatory students using the lift, even if the plan calls for them to be removed from their wheelchair and carried off the bus.

Always do practice drills in a safe location, preferably on school grounds. Make sure plenty of district personnel and/or parents are available to assist when necessary. Continue practicing the drill, if appropriate, until students are comfortable with the routine and their responsibilities, which may be as simple as cooperating. Actual practice often contributes toward a better plan, revealing outcomes that may not have been apparent before the actual drill. Offer lots of praise and appreciation to the students, and assure them that this drill is because the driver/bus attendant genuinely cares about them.

Review students' responsibilities and cooperation throughout the school year if the bus needs to be evacuated in an emergency. Never assume that, based on a student's special need, they are incapable of performing basic evacuation tasks. Work with the student progressively to increase their comfort with and understanding of these basic tasks with the goal of helping them to become as independent as possible during the evacuation.

Deciding When to Evacuate the Bus

Not all emergencies or accidents require carrying out the evacuation plan. Keep in mind that buses are well constructed, and sometimes students are safer inside the bus.

Conditions such as fire, a threat of fire, a stalled vehicle on a railroad track, or any unsafe road location may require an evacuation. This decision depends on the driver and bus attendants' training and good judgment.

Much time and effort go into preparing an emergency evacuation plan, but it may be put into action during required drills and in a life-threatening emergency. It would only take one life-threatening emergency to make all the effort to design this evacuation plan worthwhile.

This plan may also be used if the bus breaks down and students need to transfer to another bus. Minor modifications to the plan would allow a safe, smooth transition to the other bus.

Training Considerations

The following training and review could have a positive impact on an evacuation drill if an actual emergency ever occurred:

- Hands-on emergency techniques and procedures should be reviewed with drivers and bus attendants before each summer school session, and prior to the beginning of each school year.
- Departmental procedures for reporting emergency situations via two-way radio should be reviewed and rehearsed with all drivers at the beginning of each school semester.
- During training sessions, troubleshoot unexpected circumstances that might arise during an emergency situation (i.e., inoperable two-way radio, absence of emergency blanket on board, students going into seizure, driver unconscious) and explore practical alternative actions.
- Consider establishing a “pool” of substitute drivers who excel in special needs transportation. Include them in all special education in-services and refresher sessions.
- To eliminate surprise situations, drivers and bus attendants should frequently monitor the condition of all assistive devices and other equipment used by their special needs passengers.
- If different buses in the fleet are equipped with several types of wheelchair and occupant restraint systems, rotate drivers and bus attendants for a few days so that all personnel have the opportunity to become familiar and work with the diverse types of equipment systems.
- Explore and practice quick release methods for occupant restraint systems. If a belt cutter is an option, test the cutter on sample straps by cutting at an angle. Cutting straight across a strap with a belt cutter has not always proven successful.

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SECTION 10
PRESCHOOL-AGED CHILDREN AND INFANTS

PRESCHOOL CHILDREN

Preschool Transportation and Child Safety Restraint Systems

School districts are increasingly transporting younger students, including preschool-aged children. Because these passengers differ significantly from older students in size, physical development, communication, and ability to remain properly seated, their transportation requires careful planning, appropriate equipment, trained personnel, and consistent supervision.

Transportation Requirements

Public school transportation for preschool-aged children is not universally required in Colorado. Transportation may become mandatory when necessary to implement or provide access under:

- An Individualized Education Program (IEP);
- A § 504 Plan;
- The McKinney-Vento Homeless Assistance Act; or
- Applicable transportation provisions of the Every Student Succeeds Act (ESSA).

When transportation is required as a related service under an IEP, the IEP team must identify the transportation services, equipment, staffing, accommodations, and other supports the child needs to receive a Free Appropriate Public Education. Transportation required under a § 504 Plan, McKinney-Vento, or ESSA should likewise be documented through the applicable decision-making process.

Educational entities should review the requirements governing the child's specific program and determine whether another applicable federal or state provision requires transportation.

Colorado Universal Preschool Program

Colorado no longer operates the Colorado Preschool Program as a separate preschool program. Colorado now provides state-funded preschool through Universal Preschool Colorado, commonly referred to as Universal Preschool or UPK. The Colorado Department of Early Childhood administers the program, which began serving children statewide during the 2023–2024 school year.

Universal Preschool is a voluntary, mixed-delivery program. Participating providers may include school districts, charter schools, licensed community-based programs, licensed family child care homes, and Head Start programs.

A child generally must be four years old on or before October 1 to qualify for preschool during the year before kindergarten. Eligible children may receive up to 15 hours per week of state-funded preschool. Some children may qualify for additional hours or earlier participation based on qualifying factors, available funding, program capacity, and current state eligibility requirements. Because eligibility standards and funding levels may change, families and educational entities should verify current information through Universal Preschool Colorado.

Qualifying factors considered by the program may include:

- An Individualized Education Program;
- Low household income;
- Homelessness;
- Foster care or non-certified kinship care; and
- Dual-language learner status.

Eligibility for Universal Preschool does not automatically create an entitlement to school transportation. Transportation must be evaluated separately and may be required when:

- Transportation is included as a related service in the child's IEP;
- Transportation is necessary to provide access under a § 504 Plan;
- The child qualifies for transportation under the McKinney-Vento Homeless Assistance Act;
- Applicable ESSA transportation requirements apply; or
- Transportation is provided under educational-entity policy, a provider agreement, or another applicable program requirement.

When transportation is provided, the educational entity remains responsible for ensuring that the vehicle, child safety restraint system, staffing, training, supervision, authorized handoff procedures, attendance controls, and emergency plans are appropriate for the child.

Universal Preschool participation does not change the transportation-safety requirements that apply to preschool passengers. Preschool-aged children must be transported in an age-, weight-, and height-appropriate child safety restraint system as required by applicable Colorado law and 1 CCR 301-26. The CSRS must meet applicable federal standards and be installed and used according to the instructions of both the CSRS and vehicle manufacturers.

COMPARTMENTALIZATION AND PRESCHOOL PASSENGERS

Full-sized school buses are designed around a passive occupant-protection system known as compartmentalization. Compartmentalization uses closely spaced, high-backed, energy-absorbing seats to manage crash forces and protect properly seated passengers.

Although compartmentalization provides effective protection for school-aged students, it does not provide the same level of protection for preschool-aged children. Younger children may not have the size, body structure, or developmental ability necessary to properly engage the school bus seating system during a crash.

Compartmentalization alone may be less effective for preschool-aged children for several reasons:

- **Insufficient height and body mass.** Compartmentalization assumes that a passenger's body will make controlled contact with the padded seat back in front of them. Smaller children may not be tall or heavy enough to engage the seat as intended.
- **Submarining risk.** A small child may slide under the seat back in front of them during a crash rather than being contained within the protective seating compartment.
- **Inconsistent seating posture.** Preschool-aged children may slouch, kneel, turn sideways, stand, or otherwise move out of the forward-facing position the compartmentalization system assumes.
- **Head, neck, and spinal development.** Younger children have proportionally larger heads and less-developed neck and spinal structures. They require additional support to limit excessive head and body movement during a crash.
- **Lack of active securement.** Compartmentalization does not actively secure a passenger to the seat. A properly selected and installed child safety restraint system limits movement and maintains the child in an appropriate seating position.

NHTSA testing supports the use of child safety restraint systems for children younger than kindergarten age. These children are best protected when transported in an appropriate CSRS that meets Federal Motor Vehicle Safety Standard 213 and is correctly secured to a compatible school bus seat.

The National Congress on School Transportation also states that each birth-to-kindergarten child, with or without a disability, should be secured in a CSRS appropriate for the child's age, weight, height, and development when riding in a school bus or other

school transportation vehicle. NCST specifications represent nationally recognized best practice unless incorporated into controlling law, rule, or local policy.

CSRS Selection

Each preschool passenger must be assigned a CSRS that:

- Meets all applicable requirements of FMVSS 213;
- Is appropriate for the child's age, weight, height, physical development, and functional needs;
- Is compatible with the school transportation vehicle and designated seating position;
- Has not expired or been involved in a crash requiring replacement;
- Is not subject to an uncorrected manufacturer recall;
- Is maintained according to the manufacturer's instructions; and
- Provides any required positioning or disability-related support without creating an additional safety risk.

Do not select a Child Safety Restraint System (CSRS) based on a medical diagnosis alone. Instead, base the decision on the student's actual physical and behavioral needs on the bus, with input from parents, transportation staff, therapists, and the IEP or § 504 team.

For more information on CSRS Selection, please review Section 3: Equipment.

Installation and Securement

Install the CSRS according to the instructions provided by both the CSRS manufacturer and the school bus or vehicle manufacturer.

Transportation personnel should verify that:

1. The CSRS is installed in the correct rear-facing or forward-facing orientation.
2. The correct belt path, lower anchorage, tether, and harness slots are used.
3. The CSRS is secured using an anchorage system permitted by the vehicle and CSRS manufacturers and compliant with applicable federal standards, including FMVSS 210 or FMVSS 225, as appropriate.
4. The CSRS does not move more than one inch from side to side or front to back when tested at the belt path.

5. Harness and vest straps lie flat and are positioned and tightened according to the manufacturer's instructions.
6. Bulky coats or other clothing do not interfere with proper harness fit.
7. The combined width of the CSRS and any other passengers does not exceed the usable width of the school bus seat.
8. The CSRS does not interfere with an aisle, emergency exit, evacuation route, or the operation of another restraint system.
9. Any required top tether is attached only to an approved tether anchorage.
10. The installation is checked before the route and whenever the CSRS is removed, adjusted, or transferred to another vehicle.

A visual or informal "tip test" should not replace the installation procedures and movement limits established by the manufacturer.

Transportation personnel must not add straps, belts, padding, positioning devices, or other aftermarket equipment unless the applicable manufacturers specifically permit it and the student's transportation plan approves it.

For more information on CSRS Installation, please review Section 3: Equipment.

SEATING LOCATION AND SUPERVISION

Whenever practicable, locate school bus seats designated for preschool CSRS use where transportation staff can monitor the children without interfering with the operator's duties. Seating assignments must also preserve access to aisles and emergency exits and support the student-specific evacuation plan.

Preschool passengers should be supervised according to their developmental and functional needs. The educational entity should determine:

- Whether a bus attendant or additional staff member is necessary;
- The number and location of children assigned to each adult;
- How attendance will be verified during loading and unloading;
- How authorized handoff will be confirmed;
- How sleeping children will be identified and checked;
- Who will complete the post-trip inspection; and
- How substitute operators and attendants will receive required information and training.

Individualized Transportation Planning

Before transportation begins, the responsible team should address the following:

1. Is the child medically stable for transportation?
2. What ride length and environmental conditions can the child safely tolerate?
3. What physical, cognitive, sensory, communication, social-emotional, or behavioral needs may affect transportation?
4. What CSRS, positioning support, mobility device, medical equipment, or assistive technology is required?
5. What level of supervision or staffing is necessary?
6. Does the child require a transportation health action plan, medication, oxygen, or a student-specific emergency response?
7. Who is authorized and trained to perform each required task?
8. What are the parent or guardian's responsibilities at pickup and drop-off?
9. What procedures apply when an authorized adult is not present to receive the child?
10. How will the child be evacuated from the vehicle, including release from the CSRS and movement to a safe assembly location?
11. What information and training must be available to substitute personnel?
12. How will equipment inspections, recalls, maintenance, and replacement be documented?

Transportation personnel should participate in the IEP, § 504, IFSP, health, or other planning process when their operational knowledge is necessary to select equipment, evaluate the route or vehicle, establish realistic implementation timelines, or provide the service safely.

Training and Documentation

Operators, bus attendants, and substitutes responsible for transporting preschool passengers must receive documented training appropriate to their assigned duties. Training should include:

- Selection and inspection of the applicable CSRS;
- Correct installation and removal;

- Securing and releasing the child;
- Harness and/or vest positioning and fit;
- Manufacturer instructions and product limitations;
- Loading, unloading, attendance, and authorized handoff procedures;
- Emergency evacuation and rapid CSRS release;
- Student-specific medical, communication, behavioral, or mobility needs;
- Post-trip inspection requirements; and
- Procedures for reporting equipment damage, misuse, recalls, or changes in the child's needs.

Training should include a hands-on competency demonstration using the actual or equivalent vehicle, seating position, CSRS, and attachment system whenever practicable. Awareness training alone is not sufficient for an employee who will install a CSRS or secure a child.

Interactions With Preschool Passengers

Transportation staff should use calm, age-appropriate, and respectful interactions with preschool passengers. Friendly greetings, predictable routines, simple directions, visual or communication supports, and adequate response time help children understand transportation expectations.

Limit physical assistance or touch to what is appropriate, necessary, and authorized for safe transportation or personal care. Staff should protect each child's dignity and privacy, particularly when assisting with hygiene, positioning, behavioral support, or medical needs.

Preschool passengers depend on transportation personnel to make consistent safety decisions on their behalf. Careful planning, properly selected equipment, trained staff, active supervision, and reliable handoff and post-trip procedures are essential components of safe preschool transportation.

COLORADO REQUIREMENTS

Colorado has added language to 1 CCR 301-26, the Rules for the Operation, Maintenance, and Inspection of School Transportation Vehicles, addressing preschool passengers:

12.6 Safety Restraints

12.6.1 Seat Belts

(C) Preschool Passengers:

1. Shall use an age-, weight-, and height-appropriate child safety restraint system when riding in any School Transportation Vehicle.

2. Pursuant to C.R.S. §§ 42-4-236 and 42-4-237, all preschool-aged children riding in small-capacity vehicles shall use an appropriate child safety restraint system as required by the Colorado Child Passenger Safety Law.

These requirements formalize established safety practices and help ensure that preschool passengers receive protection appropriate to their size and developmental needs.

Passenger vehicles and small-capacity vehicles remain subject to Colorado's Child Passenger Safety Law. Full-sized school buses operate under a different occupant-protection framework; however, an appropriate CSRS provides the active securement preschool-aged children need in addition to the school bus seating system.

Colorado Child Passenger Safety Law

	Younger than 1	Age 1-3	Age 4-7	Age 8-15
Less than 20 lbs.	Rear-facing safety seat in back seat only	Rear-facing safety seat		
20-40 lbs.	Rear-facing safety seat	Rear- or forward-facing safety seat	Forward-facing safety seat or booster	
Exceeds seat weight limit and 40+ lbs.		Forward-facing safety seat or booster	Forward-facing safety seat or booster	Booster or seat belt
Statute	42-4-236 (2)(a)(II)	42-4-236 (2)(a)(III)	42-4-236 (2)(a)(I)	42-4-236 (2)(b)

All safety seats should be installed and fitted according to the manufacturers' instructions and the vehicle owner's manual.

Proper use of a booster seat and seat belt means the shoulder belt crosses the shoulder and chest (not the neck or face), and the lap belt lies flat across the upper thighs (not the stomach).

Child safety restraint system requirements when riding in a small-capacity vehicle in Colorado are found in the statutory requirement (42-4-236 CRS):

- **Under 1 year AND under 20 lbs:** Must be properly restrained in a rear-facing child safety restraint system in a rear seat (if available).
- **1 year to under 4 years AND 20 to 40 lbs:** Must be properly restrained in a rear-facing or forward-facing child safety restraint system.
- **Under 8 years old:** Must be properly restrained in a child safety restraint system (car seat or booster seat) according to the manufacturer's instructions.
- **Ages 8 through 15:** Must be restrained by a safety belt system or a child safety restraint system.

TRANSPORTING INFANTS

While standard school transportation primarily serves kindergarten through 12th-grade students, educational entities frequently transport infants under specialized circumstances. Regardless of why an infant is on board, the vehicle, equipment, and safety standards remain the same. The two most common operational scenarios involving infant transportation include:

- **Teen Parent Educational Access Programs:** To support high school retention and graduation, many school districts offer early childhood care or parenting programs for teenage parents. When a district provides transportation as a support service to help student-parents complete their education, infants must be safely transported alongside their parents.
- **Transportation Employee Child-On-Board Provisions:** To aid in driver recruitment and retention, some educational entities allow school transportation vehicle operators or bus attendants to bring their own infant children on their assigned routes

Infants require a higher level of occupant protection, positioning support, supervision, and emergency planning than older passengers. Their proportionally larger heads, developing neck and spinal structures, limited ability to maintain an upright posture, and inability to independently respond during an emergency make proper restraint selection and vehicle compatibility essential.

Transportation decisions must be based on the infant's age, weight, height, medical condition, developmental needs, and the instructions provided by the vehicle and child safety restraint system manufacturers.

Infants of Parenting Students

Pregnant and parenting students are entitled to equal access to school programs and activities. Schools may not exclude a student or limit educational opportunities because the student is pregnant or parenting. U.S. Department of Education Title IX guidance explains these protections.

Transportation of the student's infant is not automatically required solely because the parent is enrolled in high school. However, an educational entity may elect to provide infant transportation as part of:

- A parenting-student or graduation-support program;
- Transportation to an approved school-based child care program;
- A dropout-prevention or student-retention initiative;
- An individualized support or accommodation;
- Transportation required under an IEP, § 504 Plan, McKinney-Vento determination, or other applicable authority; or
- A locally approved transportation service.

When infant transportation supports a parenting student, the infant must be formally recognized as an authorized passenger. Document the arrangement through the applicable student-support process and have transportation administration approve it.

The plan should identify:

- The educational or programmatic reason for transporting the infant;
- The infant's authorized pickup and drop-off locations;
- The school or child care program responsible for receiving the infant;
- The parent or guardian's responsibilities during transportation;
- The CSRS provided for the infant and who owns it;
- Who installs and inspects the CSRS;
- Who secures and releases the infant;
- Whether a bus attendant or other trained adult is required;

- Procedures for illness, distress, feeding, medication, or medical equipment;
- Emergency evacuation assignments;
- Authorized release procedures; and
- The process to follow when the parenting student is absent but the infant appears for transportation, or the infant is absent, but the student requires transportation.

The parenting student may sit near the infant and provide age-appropriate comfort and reassurance when permitted by the seating plan. However, the district should not rely on the student parent as the only person responsible for transportation safety. The operator and assigned transportation staff remain responsible for vehicle operations, CSRS use, passenger accountability, and emergency procedures.

The parenting student must not hold the infant while the vehicle is moving, remove the infant from the CSRS during transportation, or interfere with the operator's duties. Feeding, diapering, and other care should occur before departure, after arrival, or at a safe, authorized location, according to the transportation plan.

Infants of School Transportation Employees

Allowing a school transportation vehicle operator to bring their own infant to work is an employee-related arrangement, not a student transportation service. The employee's need for child care does not, by itself, authorize the infant to ride in a school transportation vehicle.

A supervisor's informal permission is not sufficient. Before an employee's child may be transported, the educational entity should have a written policy or documented administrative process addressing:

- Authorized use of school transportation vehicles;
- Who may be carried as a passenger;
- Insurance and risk-management coverage;
- Employment and child-care considerations;
- Route capacity and student seating needs;
- CSRS requirements;
- Required supervision;
- Emergency evacuation;
- Employee eligibility and consistent application of the policy;

- Approved pickup and drop-off locations; and
- Conditions under which authorization may be suspended or revoked.

Transportation administration, human resources, risk management, and other designated district officials should review the request. If the child is not enrolled in a district program or otherwise approved as an authorized passenger, the child should not be transported in a school transportation vehicle.

Operator and Caregiver Duties

A school transportation vehicle operator cannot simultaneously perform the full duties of a professional operator and serve as the infant's primary caregiver while the vehicle is moving.

The operator must remain focused on:

- Safe vehicle operation;
- Traffic and roadway conditions;
- Student loading and unloading;
- Passenger supervision within the operator's assigned role;
- Railroad crossings and student stops;
- Emergency communications; and
- Compliance with route and vehicle procedures.

The operator must not turn around, reach for the infant, adjust the harness, provide a bottle, retrieve dropped items, or otherwise attend to the infant while driving.

If the infant may require attention during transportation, assign another trained and authorized adult. Older students, the operator's own teenage child, or an untrained employee do not substitute for appropriate adult supervision.

The operator should not be permitted to:

- Approve their own child as a passenger;
- Select the child's seating location without transportation review;
- Install or alter equipment without approved training;
- Add an unauthorized stop to the route;
- Leave other students unattended while delivering the infant;
- Allow the infant to occupy space needed for an eligible student; or

- Transport the infant when the required attendant, equipment, or receiving adult is unavailable.

Student transportation needs take priority over employee convenience. An employee's child must not displace an eligible student, create an excessive ride time, compromise the route schedule, interfere with an IEP or § 504 service, or reduce the operator's ability to safely supervise transported students.

Approval Record

Before transportation begins, the educational entity should document:

- Infant's name and date of birth;
- Parent or employee requesting transportation;
- Purpose and authority for transportation;
- Program or child care destination;
- Approved route, stops, and schedule;
- CSRS make, model, ownership, and inspection;
- Vehicle and seating-position compatibility;
- Assigned operator and attendant;
- Training and competency verification;
- Emergency evacuation procedure;
- Authorized receiving adults;
- Insurance and risk-management review;
- Human resources review when employee transportation is involved;
- Effective and expiration dates; and
- Final authorization by the transportation director or designated administrator.

Operational Note

Transporting an infant to support a parenting student's continued education may advance an educational-access or student-retention objective. Transporting an operator's child is generally an employment-related convenience and requires separate authorization.

Do not begin either arrangement through custom, informal permission, or a verbal agreement. The educational entity must first establish that the infant is an authorized passenger and that the vehicle, CSRS, staffing, supervision, emergency planning, insurance, and handoff procedures are adequate.

VEHICLE SELECTION

When a rear-facing CSRS cannot be correctly installed in a school bus, the educational entity should use a compatible small-capacity vehicle with an appropriate rear seating position, seat belt or lower anchorage system, and adequate space to maintain the required recline angle.

A small-capacity vehicle is often the preferred option for infant transportation because it generally provides:

- Greater compatibility with rear-facing CSRSs;
- More appropriate seat geometry and cushion angle;
- Easier access for installation and daily harnessing;
- Improved visibility and supervision;
- More practical emergency removal; and
- A rear seating position away from an active front passenger airbag.

A rear-facing CSRS must never be placed in front of an active passenger airbag. If a small-capacity vehicle does not have a safe and compatible rear seating position, it must not be used to transport the infant.

The educational entity should document why the selected vehicle and seating position are appropriate. Convenience, fleet availability, or maximum passenger capacity must not take priority over correct CSRS installation and use.

School Bus Compatibility

Installing a rear-facing CSRS in a full-sized school bus can present challenges that do not ordinarily arise in a passenger vehicle or small-capacity vehicle.

Seat Spacing

School bus seating and compartmentalization are regulated under FMVSS 222. Depending on the bus configuration, seat spacing may not be sufficient to accommodate a rear-facing CSRS at the required recline angle.

Although some school bus seating configurations allow approximately 24 inches of spacing when measured from the seating reference point, buses are often configured with closer seat spacing to maximize passenger capacity. A seating position that complies with FMVSS 222 does not necessarily provide enough space for every rear-facing CSRS.

Do not move, reposition, or install seats outside manufacturer-approved locations to accommodate a CSRS. Doing so could affect the vehicle's federal certification, seat anchorage strength, passenger capacity, emergency access, or compartmentalization.

Seat Cushion and Recline Angle

School bus seat cushions are generally flatter and firmer than passenger-vehicle seats. This can make it difficult to achieve the manufacturer-required recline angle.

Transportation staff must not use pool noodles, rolled towels, padding, wedges, or other positioning materials unless the CSRS manufacturer expressly permits them. Unapproved materials may change how the restraint performs during a crash.

Anchorage Compatibility

The educational entity must verify that the selected seating position provides an anchorage method permitted by both manufacturers. Depending on the vehicle and CSRS, this may include:

- A lap belt and anchorage meeting applicable requirements of FMVSS 209 and FMVSS 210;
- Lower anchors and tether anchorages meeting FMVSS 225; or
- Another manufacturer-approved integrated securement system.

Do not install a rear-facing CSRS solely because it physically fits on the seat. The belt path, anchorage, recline angle, clearance, and manufacturer instructions must all be satisfied.

CSRS SELECTION AND OWNERSHIP

The educational entity may provide the CSRS or establish an approved process for evaluating a parent-provided restraint. Providing families with a list of potentially appropriate CSRS models may be helpful, but a general list does not establish that a particular restraint is compatible with the infant, vehicle, or seating position.

Before a CSRS is approved for use, trained car seat inspectors and transportation personnel must verify that it:

- Fits the infant;
- Fits the designated vehicle seating position;
- Can achieve the manufacturer-required recline angle;
- Can be tightly installed using the approved anchorage;
- Has all required labels and instructions;
- Has not expired;
- Has not been involved in a crash requiring replacement;
- Has not been recalled or has received the required recall remedy;
- Has no missing, substituted, or damaged parts; and
- Can be installed consistently by assigned and substitute personnel.

A car bed or other specialized infant restraint should be used only when necessary for the child's medical or positioning needs and when approved through the applicable health and transportation-planning process.

Rear-Facing Requirements

Under current Colorado law, a child younger than two years of age and weighing less than 40 pounds must be properly secured in a rear-facing child restraint system.

A rear-facing CSRS must:

- Meet all applicable requirements of FMVSS 213;
- Be appropriate for the infant's age, weight, height, and developmental needs;
- Be installed on a compatible, forward-facing vehicle seat;
- Be secured using the belt path and anchorage method specified by the manufacturers;
- Be positioned at the recline angle specified by the CSRS manufacturer;
- Provide sufficient clearance from the seat or structure in front of it;
- Maintain the infant's airway and prevent the head from falling forward; and
- Be used with the harness, crotch buckle, inserts, and carrier-handle position required by the manufacturer.

Newborns and young infants commonly require a recline angle close to 45 degrees. Some CSRS manufacturers permit a different angle as the child grows. Use the

manufacturer's recline indicator and instructions, not a general estimate, to determine the correct installation angle.

Installation and Daily Use

Before each trip, trained personnel should verify that:

- The correct CSRS is assigned to the infant;
- The restraint remains tightly installed;
- The recline indicator is within the manufacturer-approved range;
- The harness is routed through the correct slots;
- Harness straps lie flat and are free of twists;
- The harness is snug, and the chest clip is correctly positioned;
- Bulky clothing does not interfere with harness fit;
- The infant's head and airway remain properly positioned;
- Required medical equipment is secured and operating as expected;
- No loose items could become projectiles;
- The CSRS does not block an aisle or emergency exit; and
- The carrier handle is positioned as directed by the manufacturer.

An infant must never be held in an adult's arms while the vehicle is moving. Do not use a lap belt, safety vest, positioning harness, or unapproved insert as a substitute for an appropriate rear-facing CSRS.

REQUIRED PLANNING BEFORE SERVICE BEGINS

Before transporting an infant, the educational entity should complete and document an individualized transportation review addressing:

1. The infant's age, weight, height, developmental level, and medical stability.
2. The make, model, expiration date, and rear-facing limits of the CSRS.
3. The compatibility of the CSRS with the vehicle seat, belt system, lower anchors, and other applicable anchorages.
4. The required recline angle and available clearance from surrounding seats and vehicle structures.

5. The infant's airway, head control, positioning, feeding, temperature regulation, and sensory needs.
6. Any medication, oxygen, monitor, feeding equipment, or other medical device transported with the infant.
7. Whether a bus attendant, nurse, or other trained individual is required.
8. How the infant will be monitored without distracting the operator.
9. Authorized pickup and release procedures.
10. The procedure to follow when an authorized adult is not present.
11. The location and securement of diaper bags, bottles, mobility equipment, and other loose items.
12. The student-specific emergency evacuation procedure.
13. How assigned and substitute staff will receive the plan and demonstrate competency.
14. Who is responsible for inspecting, cleaning, registering, maintaining, and replacing the CSRS.

Transportation must not begin until the educational entity confirms that the required vehicle, equipment, staffing, training, emergency plan, and authorized handoff procedures are in place.

Supervision and Care

Do not leave infants unattended in a school transportation vehicle. Staffing decisions should account for the infant's inability to communicate distress, maintain safe positioning, or evacuate independently.

When feeding is necessary, the plan should specify where and how it will occur. Do not prop bottles, and do not feed while the vehicle is moving unless an approved student health plan specifically addresses it.

The operator must complete a physical post-trip inspection after every route. When an attendant is assigned, the educational entity should require an additional attendance and child-check verification.

Emergency Evacuation

The infant's evacuation plan must identify:

- Who releases the infant from the harness;

- Whether the infant will be removed from the CSRS or evacuated with it;
- Who carries or transfers the infant;
- Which primary and alternate exits will be used;
- How oxygen, medication, or medical equipment will be handled;
- Where the infant will be taken after leaving the vehicle;
- Who maintains supervision and accountability; and
- How substitute personnel access the evacuation instructions.

The decision to remove an infant from the CSRS or evacuate the infant with the restraint may depend on the emergency, available time, CSRS installation method, the infant's medical condition, the number of available staff, and the exit being used. Personnel must practice the assigned procedure under safe conditions before providing transportation.

If these conditions cannot be met in a school bus, assign a compatible small-capacity vehicle. Select vehicles based on safety, proper positioning, and emergency readiness.

Table 9: PRESCHOOL TRANSPORTATION DECISION PROCESS

Decision	Questions and action
1. Service and child information	What program/authority applies? What are the child's age, size, functional needs, IEP/health supports, communication, behavior, and authorized handoff requirements?
2. Vehicle and CSRS compatibility	Select the CSRS for the child and vehicle seating position; confirm FMVSS labeling/applicability, belt/anchor compatibility, manufacturer limits, spacing, and emergency release.
3. Staffing and supervision	Determine operator/attendant duties, seating visibility, loading supervision, children-to-adult needs under applicable program rules, and substitute coverage.
4. Route and handoff	Verify accessible stop, pickup window, authorized adult identity process, custody restrictions, alternate contact, and procedure when no authorized receiver is present.
5. Attendance and sleeping-child controls	Use named roster, loading count, repeated visual/physical checks, post-trip child check, secondary verification, and immediate escalation for any mismatch.
6. Emergency readiness	Create evacuation assignments for each child/CSRS, confirm exits and evacuation devices, practice releases, and plan safe assembly/accountability.
7. Ready-to-serve decision	Begin only after you document compatible equipment, trained staff, route/handoff communication, an emergency plan, and approvals.

Table 10: Daily Preschool Transportation Checklist

Phase	Checks
Before route	☐ Roster/current changes ☐ Vehicle sweep ☐ CSRS condition/installation ☐ Required attendant ☐ Emergency equipment/contacts ☐ Handoff notes
Each loading	☐ Child identity/attendance ☐ Authorized handoff source ☐ Correct CSRS and fit ☐ Clothing/strap interference checked ☐ Needed items secured
In transit	☐ Active supervision ☐ Child remains correctly positioned ☐ Environment appropriate ☐ Stops/changes communicated ☐ No child left unattended
Each unloading	☐ Child matched to authorized receiver/school staff ☐ Time/location recorded ☐ Unaccepted handoff procedure followed ☐ Roster reconciled
Post-trip	☐ Driver physical child check ☐ Attendant/second verifier check ☐ CSRS/equipment check ☐ Attendance reconciliation ☐ Sign-off and discrepancy escalation

Operator/date/time/signature:

_____

Second verifier/date/time/signature:

_____

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SECTION 11
SERVICE ANIMALS

SERVICE ANIMALS

Decisions regarding service animals and other disability-related accommodations must be made on an individual basis. An Educational Entity shall not categorically prohibit a qualified service animal from accompanying a student in a school transportation vehicle.

Any limitation or exclusion must be based on the particular circumstances and applicable legal standards, including whether the animal is under control, is housebroken, poses a direct threat based on its actual behavior, or would fundamentally alter the transportation service. Assumptions about an animal's breed, size, or anticipated behavior are not sufficient grounds for denying access.

When the use of a service animal relates to the student's special education, related services, or access to a free appropriate public education (FAPE), relevant transportation supports should be coordinated with the student's Individualized Education Program (IEP) or § 504 team. However, access under Title II of the Americans with Disabilities Act (ADA) shall not be conditioned solely on the service animal being identified in an IEP or § 504 Plan, the student being eligible under the Individuals with Disabilities Education Act (IDEA), or the parent obtaining advance approval.

Advance coordination with the parent or guardian is encouraged so that transportation personnel can establish safe boarding, seating, handling, and emergency procedures. A lack of advance notice, by itself, does not automatically authorize the denial of transportation with a service animal.

Legal Authority

Legal authority governing service animals in public school programs and transportation includes:

- Title II of the Americans with Disabilities Act, 42 U.S.C. §§ 12131–12165;
- 28 C.F.R. §§ 35.104, 35.130, 35.136, and 35.139;
- § 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794;
- Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400–1482, when the animal's use relates to FAPE, special education, or related services; and
- Colorado Revised Statutes § 24-34-803.

What is a Service Animal?

Under Title II of the ADA, a service animal is a dog, regardless of breed or size, that has been individually trained to do work or perform tasks for an individual with a disability.

The work or tasks performed must be directly related to the individual's physical, sensory, psychiatric, intellectual, or other disability.

Examples of qualifying work or tasks include:

- Guiding a person who is blind or has low vision;
- Alerting a person who is deaf or hard of hearing;
- Retrieving objects or providing mobility assistance;
- Alerting to the onset of a seizure or medical condition;
- Preventing or interrupting disability-related impulsive or self-injurious behavior;
- Reminding a person to take prescribed medication; or
- Taking a specific trained action to assist during an anxiety attack or other psychiatric episode.

A psychiatric service dog qualifies as a service animal when it has been trained to take a specific action related to an individual's disability. An animal whose presence merely provides emotional support, comfort, therapy, companionship, or crime deterrence does not qualify as a service animal under the ADA.

A service animal is not required to be professionally trained. The ADA does not require certification, registration, identification cards, or completion of a particular training program.

Miniature Horses

Miniature horses are not included in the direct ADA definition of "service animal." However, ADA regulations include a separate provision for miniature horses that have been individually trained to perform work or tasks for an individual with a disability. Entities covered by the ADA must modify their policies to permit miniature horses where reasonable.

- Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds.

When determining whether a miniature horse can be accommodated in a particular school transportation vehicle, the Educational Entity shall consider:

1. The type, size, and weight of the miniature horse and whether the vehicle can safely accommodate those characteristics;

2. Whether the handler has sufficient control of the miniature horse;

3. Whether the miniature horse is housebroken; and

4. Whether the miniature horse's presence would compromise legitimate safety requirements necessary for the safe operation and evacuation of the vehicle.

The assessment must address the particular animal, student, vehicle, and transportation arrangement. A miniature horse may not be excluded solely because accommodating it would be unusual or inconvenient.

Service Animals in Training

Animals in training are not considered service animals under the federal ADA because the animal must already be trained to perform disability-related work or tasks.

Colorado law provides certain public-access protections for service animals in training when accompanied by a trainer or handler authorized under state law. Educational Entities should consult their § 504 or ADA coordinator when evaluating a request involving a service animal in training.

IDENTIFICATION AND DOCUMENTATION

Permitted Questions

When it is not readily apparent that a dog is trained to perform disability-related work or tasks, authorized personnel may ask only:

1. Is the dog a service animal required because of a disability?
2. What work or task has the dog been trained to perform?

Personnel shall not:

- Ask about the nature or extent of the student's disability;
- Require medical documentation to establish that the dog is a service animal;
- Require certification, registration, identification cards, or training records;
- Require the dog to demonstrate its work or task; or
- Require the dog to wear a vest, identification tag, or specialized harness.

The two permitted questions should not be asked when the need for the service animal and the work or task it performs are readily apparent or already known to the Educational Entity.

Vaccination and Licensing Requirements

Service animals remain subject to the same state and local vaccination, licensing, and animal-control requirements that apply to other dogs. An Educational Entity shall not impose additional vaccination, veterinary-certification, grooming, identification, or registration requirements solely because the dog is a service animal or will be transported in a school transportation vehicle.

Individual Transportation Planning

Before regular transportation begins, transportation administration should meet with the parent or guardian, the student (when appropriate), and relevant school personnel to develop an individual transportation plan.

The plan should identify:

- The person responsible for controlling the animal during transportation;
- Any assistance the student requires to handle or control the animal;
- The animal's designated location in the vehicle;
- Boarding and unloading procedures;
- The commands transportation personnel may need to know;
- Procedures for managing an emergency or evacuation;
- The person authorized to assume control of the animal if the student is injured or separated from it;
- Procedures for responding to an animal-related incident;
- Relevant parent, guardian, or emergency contact information; and
- Any accommodations required for another passenger or employee with a disability-related allergy or other medical condition.

Provide only the information necessary for safe transportation to drivers, bus attendants, substitute personnel, and other transportation employees. Handle information about the student's disability in accordance with applicable confidentiality requirements.

Table 11: Planning for a Service Animal

Transportation Planning	
☐ Vehicle and route	☐ Boarding method—steps, ramp, or lift based on individual need
☐ Student/handler control method	☐ Animal location on the floor/foot space without blocking aisle or exit
☐ Interaction with CSRS, wheelchair, WTORS, oxygen, or medical equipment	☐ Other riders' disability-related needs and individualized accommodations
☐ Emergency evacuation and animal accountability	☐ Relief/cleanup and delayed-route contingency
☐ Substitute staff information	☐ Privacy-preserving communication

VEHICLE OPERATIONS

Positioning Within the Vehicle

The service animal should generally sit or lie on the floor within the student's assigned seating area. The animal must be positioned so that it does not:

- Obstruct the aisle or any emergency exit;
- Interfere with the driver's access to vehicle controls;
- Extend into another passenger's seating area;
- Interfere with the securing of a wheelchair or other mobility device; or
- Create an unsafe condition during normal vehicle operation or emergency evacuation.

A service animal should not independently occupy a passenger seat. A small service dog may be carried by the handler when carrying the dog is necessary for the animal to perform its trained task and can be accomplished without interfering with passenger safety, occupant protection, or vehicle operation.

Determine the designated location based on the actual vehicle configuration and the individual needs of the student and animal. A student using a service animal should not automatically be isolated from other passengers or assigned to a separate vehicle.

Control of the Animal

A service animal must remain under the handler's control. The animal shall generally be harnessed, leashed, or tethered unless:

- The student's disability prevents the use of such a device; or
- The device would interfere with the animal's safe and effective performance of its trained work or tasks.

When a harness, leash, or tether cannot be used, the animal must remain under control through voice commands, signals, or another effective method.

Do not attach a leash, harness, or tether to a school transportation vehicle, passenger seat, seat belt, wheelchair securement system, or other vehicle component. Attaching an animal to the vehicle could create a hazard during a collision or emergency evacuation.

Care and Supervision

The handler is ordinarily responsible for the animal's feeding, toileting, grooming, veterinary care, and general supervision. Transportation personnel are not ordinarily responsible for providing routine care to a service animal.

In the K–12 setting, an Educational Entity may need to provide limited assistance that enables a student to handle or maintain control of the animal. Any required assistance should be determined individually and documented in the student's transportation plan, IEP, or § 504 Plan, as appropriate.

Boarding and Unloading

Determine the appropriate boarding and unloading method for each student and service animal. The decision should consider:

- The student's mobility and communication needs;
- The animal's size, training, and ability to use vehicle steps;
- The dimensions and weight capacity of the lift;
- The vehicle manufacturer's instructions;
- The presence of wheelchairs or other mobility devices; and
- The ability to complete boarding and unloading without obstructing traffic or emergency exits.

Do not use a wheelchair lift for a service animal. Evaluate its use as part of the individual transportation plan.

Orientation and Training

Before transportation begins, the driver, bus attendant, student, and parent or handler should review:

- The animal's designated location;
- Boarding and unloading procedures;
- Commands transportation personnel may need during an emergency;
- Procedures for transferring control of the animal;
- Actions to take if the student experiences a medical emergency; and
- Procedures for reporting behavioral or safety concerns.

Drivers, attendants, dispatchers, substitute personnel, and supervisors assigned to the student's transportation should receive training appropriate to their responsibilities.

General rider instruction may remind students that working service animals should not be petted, fed, called, teased, or distracted. The student using the service animal should not be identified during this instruction.

Emergency Evacuation

The student's transportation plan must address how the student and service animal will evacuate each type of vehicle used for transportation.

The service animal should participate in evacuation instruction or drills when doing so is practicable, appropriate for the student and animal, and consistent with the animal's training. The plan should address:

- The primary and alternate exits;
- Who will maintain or assume control of the animal;
- Whether the animal will evacuate before, with, or immediately after the student;
- How separation of the student and animal will be prevented when possible;
- What personnel should do if the animal becomes frightened or unresponsive; and
- Who will take custody of the animal if the student is transported by emergency medical personnel.

Emergency procedures should not require personnel to attach the animal to the vehicle or use the animal's leash as a passenger-restraint device.

Conflicting Disability-Related Needs

An allergy to dogs or a fear of dogs does not, by itself, justify denying transportation to a student using a service animal. When another student or employee has a disability-related allergy, respiratory condition, phobia, or other medical need, the Educational Entity must evaluate and accommodate both individuals.

Possible measures may include:

- Assigning separate seating locations;
- Adjusting ventilation when appropriate;
- Increasing cleaning of the vehicle;
- Modifying loading or unloading order;
- Limiting unnecessary contact with the animal; or
- Using another transportation arrangement when necessary to accommodate both individuals.

The Educational Entity should not automatically prioritize one disability over another. The response must be individualized and should avoid unnecessarily isolating or stigmatizing either person.

Exclusion of a Service Animal

A service animal may be removed from a school transportation vehicle when:

1. The animal is out of control, and the handler does not take effective action to control it;
2. The animal is not housebroken;
3. The particular animal poses a direct threat to the health or safety of others that cannot be eliminated or sufficiently reduced through reasonable modifications; or
4. The animal's presence would fundamentally alter the nature of the transportation service.

A direct-threat determination must be based on an individualized assessment of the particular animal's actual conduct or documented history. It shall not be based on breed, size, speculation, stereotypes, generalized fear, or the possibility that an animal might behave aggressively.

A single bark, response to provocation, or isolated toileting accident caused by illness or unusual circumstances does not automatically establish that an animal is out of control or not housebroken. When circumstances permit, the handler must be given a reasonable opportunity to regain control or correct the situation.

Transportation personnel may take immediate action when necessary to protect passengers from an imminent safety hazard. When no immediate hazard exists, a decision to suspend or exclude a service animal should be made in consultation with transportation administration and the Educational Entity's § 504 or ADA coordinator.

The circumstances supporting the exclusion, any corrective actions attempted, and any reasonable modifications considered must be documented. Promptly notify the parent or guardian and give them an opportunity to participate in reviewing the transportation arrangement.

If a service animal is lawfully excluded, the Educational Entity must continue to provide the student access to transportation and other school programs without the animal. When transportation is included in the student's IEP or § 504 Plan, the Educational Entity remains responsible for providing the required transportation service.

Incidents, Cleaning, and Damage

Transportation personnel should document animal-related injuries, aggressive behavior, repeated loss of control, damage, and toileting incidents in accordance with the Educational Entity's incident-reporting procedures. Documentation should describe observable facts and avoid conclusions concerning the student's disability or the animal's legal status.

An Educational Entity shall not charge a service-animal fee, cleaning fee, deposit, or additional transportation fee. If the Educational Entity ordinarily charges for damage caused by students or other passengers, it may apply the same policy to actual damage caused by a service animal.

Parent and Rider Communications

An Educational Entity should not send a route-specific notice announcing that a service animal will be transported unless the communication is operationally necessary and has been reviewed for compliance with student-confidentiality requirements. Even without naming the student, a route-specific notice may allow other families to identify the student and infer disability-related information.

Instead, include service-animal awareness in general transportation expectations, student safety instruction, or an annual rider notice not connected to a particular student or route.

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SECTION 12
COMMON QUESTIONS AND ANSWERS

PURPOSE

This section provides practical answers to questions commonly encountered when transporting students with disabilities and students with specialized transportation needs.

The answers are intended as operational guidance. They do not replace:

- A student's Individualized Education Program (IEP), § 504 Plan, Individualized Health Plan, Behavior Intervention Plan, transportation plan, or emergency plan;
- Current federal or Colorado law;
- Colorado Department of Education rules and guidance;
- Educational Entity policies;
- Manufacturer instructions; or
- Direction from a qualified medical professional acting within the professional's scope of practice.

When a student's plan, an Educational Entity procedure, and manufacturer instructions appear to conflict, transportation personnel must stop and obtain direction from the Transportation Supervisor or other designated administrator before implementing the disputed procedure. Handle immediate emergencies according to staff training, the student's emergency plan, and emergency-services instructions.

COMMON GENERAL QUESTIONS

1. Who determines whether a student requires specialized transportation?

Specialized transportation decisions must be made individually by the student's IEP team, § 504 team, or other legally authorized Educational Entity process.

Transportation personnel contribute operational information concerning routes, vehicles, equipment, staffing, loading procedures, ride conditions, and emergency planning. Transportation personnel do not independently determine a student's eligibility for special education, § 504 services, or specialized transportation.

Under IDEA, transportation may be a related service when it is required for a student to benefit from special education. See 34 C.F.R. § 300.34(c)(16).

2. Must transportation personnel attend every IEP or § 504 meeting?

No. Transportation personnel are not automatically required to attend every meeting involving a student who receives transportation.

Transportation personnel should participate when:

- Transportation is being considered, added, removed, or substantially changed as a related service;
- Specialized equipment or staffing is required;
- Ride time, routing, loading, behavior, communication, or medical needs are at issue;
- Transportation personnel possess information needed for informed decision-making; or
- The Educational Entity or parent requests their participation.

If transportation personnel do not attend, an authorized representative should still provide relevant transportation information to the team.

3. What information may drivers, bus attendants, substitutes, and contractors receive?

Transportation personnel may receive the student information they need to perform their assigned duties safely and properly. This may include:

- Boarding and release instructions;
- Communication needs;
- Mobility and positioning needs;
- Approved securement or child-restraint procedures;
- Relevant behavioral supports;
- Medical warning signs and emergency actions;
- Allergies or environmental restrictions;
- Authorized persons and handoff requirements; and
- Evacuation assistance needs.

Access must be limited to personnel with a legitimate educational interest. Staff should not receive an entire education or medical file when a concise transportation summary will meet the operational need. See 34 C.F.R. § 99.31(a)(1).

4. How should necessary information be provided to substitute drivers or bus attendants?

Before assuming a route, substitute personnel must receive the current need-to-know information necessary to transport each student safely.

The Educational Entity should maintain a secure substitute-information process that addresses:

- Student identification and stop information;
- Authorized release arrangements;
- Communication and behavioral supports;
- Mobility equipment and securement procedures;
- Medical and emergency information;
- Service animals;
- Evacuation assistance; and
- Transportation Department contacts.

A substitute should not be assigned to perform a specialized procedure unless the substitute has received the required training and demonstrated competency.

5. How must confidential transportation information be protected?

Student information must be discussed only with authorized personnel who need the information to perform their duties.

Transportation personnel must not:

- Discuss a student's disability, behavior, or medical condition with other students or unauthorized adults;
- Leave route books, health plans, or student records visible in an unattended vehicle;
- Photograph or transmit student records through unauthorized personal devices or accounts; or
- Publicly identify the student receiving a particular accommodation.

Paper and electronic records must be stored, transmitted, and destroyed according to Educational Entity policy and applicable privacy law.

6. What is the difference between an accommodation and a modification?

In general, an accommodation changes how a student accesses a service without unnecessarily changing the service's essential purpose. Examples may include an

assigned seat, visual communication supports, an accessible stop, or additional boarding time.

A modification changes an aspect of the service, procedure, equipment, or expectation to address an individual need. Examples may include specialized routing, shortened ride time, specialized equipment, or additional staffing.

These terms can have different legal meanings depending on the applicable law. Transportation personnel should implement the service documented in the student's current plan rather than independently classifying or changing it.

7. When may an IEP be amended?

An IEP may be revised at an IEP team meeting. After the annual meeting, the parent and public agency may also agree to amend the IEP without convening the entire team. The Educational Entity must ensure that appropriate team members are informed of the changes and must provide the parent with a revised copy upon request. See 34 C.F.R. § 300.324(a)(6).

Transportation should request a review when there is a material change in:

- The student's mobility, health, behavior, or communication needs;
- Specialized equipment;
- Required staffing;
- Boarding or release procedures;
- Ride-time limitations;
- Emergency procedures; or
- The student's ability to travel safely under the existing plan.

Transportation personnel must not informally change an IEP service.

8. What should staff do if the transportation plan is unclear or cannot be implemented as written?

Staff must immediately notify the Transportation Supervisor or designated administrator. The Educational Entity must clarify the requirement with the appropriate IEP, § 504, health-services, or administrative personnel.

Transportation personnel should not:

- Ignore the requirement;
- Substitute an unauthorized procedure;

- Ask a parent to waive the requirement verbally; or
- Delay reporting until an incident occurs.

When necessary, the Educational Entity should establish a safe interim arrangement while the student's plan is reviewed.

COMMON QUESTIONS ON ELIGIBILITY, SERVICES, AND ACCESS

9. What does "student with specialized transportation needs" mean?

The term describes a student who requires transportation support beyond the routine service provided to other students. The need may arise from a disability, medical condition, mobility limitation, behavioral or communication need, age-related need, temporary condition, or another individualized circumstance.

The term does not itself establish IDEA or § 504 eligibility. Eligibility and services must be determined through the applicable legal and Educational Entity process.

10. What is Child Find?

Child Find is the affirmative obligation to identify, locate, and evaluate children who may have disabilities and need special education and related services.

Under IDEA Part B, Child Find applies to children with disabilities generally between ages three and twenty-one, including children who are homeless, highly mobile, wards of the state, attending private schools, or suspected of having a disability even if they are advancing from grade to grade. IDEA Part C addresses infants and toddlers through the early-intervention system. See 34 C.F.R. § 300.111.

Transportation personnel should report observed concerns through the Educational Entity's established referral process. Transportation personnel do not diagnose a disability or determine eligibility.

11. Is there a maximum allowable ride time for a student?

There is no single ride-time limit that is appropriate for every student. The Educational Entity must consider the individual circumstances, including:

- The student's age and disability-related needs;
- Medical and behavioral considerations;
- Required feeding, medication, or toileting schedules;
- Positioning tolerance;
- Communication needs;

- Route geography and road conditions;
- Vehicle and staffing availability; and
- The ride times experienced by similarly situated students.

A medical statement may help when a limitation is medically based, but the need for an individualized review does not automatically depend on a physician's letter. A ride-time restriction should be specific, supportable, and documented in the appropriate student plan.

12. May an Educational Entity reimburse a parent for providing transportation?

Yes, when the arrangement is voluntary, legally appropriate, and documented. Parent transportation must not be coerced or used merely because the Educational Entity finds the required service difficult or expensive to provide.

A written agreement should identify:

- The period covered;
- The trips being provided;
- The reimbursement rate and calculation method;
- Required mileage or trip documentation;
- Payment procedures;
- Attendance or service-verification requirements;
- Procedures for absences and schedule changes; and
- The responsibilities of each party.

When transportation is required by an IEP or § 504 Plan, the arrangement should be reflected in or consistent with that plan. Proof of insurance may be required under local risk-management policy, but it should not be described as a universal IDEA requirement.

13. Does McKinney-Vento automatically classify every student living in a trailer park or recreational vehicle as homeless?

No. Eligibility is determined individually based on whether the student lacks a fixed, regular, and adequate nighttime residence.

A mobile home, recreational vehicle, campground, or trailer park may or may not meet that definition. Relevant considerations include the permanency, condition, utilities,

crowding, legality, safety, and adequacy of the arrangement and whether the family is there because it lacks an adequate alternative.

The Educational Entity's McKinney-Vento liaison makes the eligibility determination under 42 U.S.C. § 11434a(2).

14. Do specialized transportation requirements apply to field trips and extracurricular activities?

Students with disabilities must be provided an equal opportunity to participate in school-sponsored programs and activities. Transportation, staffing, accessible vehicles, medical support, behavioral support, and specialized equipment should be considered during planning.

A student should not be excluded solely because providing the required transportation or support is inconvenient or costly. The appropriate team or administrator should determine what supports are required for participation.

COMMON QUESTIONS ON WHEELCHAIRS, MOBILITY DEVICES, AND OCCUPANT PROTECTION

15. Must a wheelchair have functioning brakes before it may be transported?

No, the DOT ADA regulations' definition of a wheelchair does not require brakes or any other equipment. A transportation operator may not deny transportation to a wheelchair user because the device does NOT have brakes, or the user does not choose to set the brakes. Wheelchair brakes assist with stability during boarding and securement, but they are not a substitute for a wheelchair tiedown and occupant-restraint system.

The absence of conventional brakes should not result in an automatic denial of transportation. The Educational Entity must conduct an individualized safety assessment and follow the instructions for the lift, wheelchair, and securement system.

If the wheelchair cannot be safely controlled on the lift or secured in the vehicle, transportation personnel must notify the supervisor immediately so that an appropriate equipment or transportation solution can be developed.

16. What is a wheelchair transportation-readiness inspection?

A transportation-readiness inspection reviews the wheelchair and related equipment for safe loading, securement, positioning, and emergency planning. It is not a medical evaluation or certification of the wheelchair's overall condition.

The review should address:

- Wheelchair type, dimensions, and combined occupant/device weight;

- Designated securement points;
- Frame condition;
- Wheels, brakes, footrests, armrests, and removable components;
- Batteries, power controls, and tilt or recline features;
- Trays, communication devices, oxygen, backpacks, or other attached items;
- Postural supports that must remain in use;
- Compatibility with the vehicle, lift, and securement system; and
- Student-specific evacuation considerations.

Changes to the wheelchair or attached equipment should prompt a new review.

17. May a student be denied transportation because the wheelchair is not marked WC19?

No blanket denial should be based solely on the absence of a WC19 label. WC19-compliant wheelchairs are designed and tested for use as seats in motor vehicles and are preferred when available.

When a non-WC19 wheelchair is used, trained personnel must identify the strongest appropriate securement locations, follow the wheelchair and securement-system instructions, and complete an individualized assessment. The occupant must receive a properly positioned vehicle-anchored lap-and-shoulder belt unless an authorized plan directs otherwise for a legally supportable reason.

18. Must all wheelchair securement components be from the same manufacturer?

A complete, compatible securement system must be used as directed by its manufacturer and applicable Colorado standards.

Components must not be mixed merely because they appear to connect. Mixing is acceptable only when the applicable manufacturer instructions expressly identify the components as compatible.

Remove damaged, missing, recalled, or incompatible equipment from service and report it.

19. May transportation personnel repair or modify a wheelchair, CSRS, lift, or securement system?

No, if a piece of equipment is broken or missing, please refer the concern to the manufacturer.

Transportation personnel may perform only routine adjustments or maintenance specifically authorized by the manufacturer, Educational Entity, and their training.

Personnel must not:

- Drill, cut, weld, sew, or alter equipment;
- Create improvised attachment points;
- Replace components with nonapproved parts;
- Disable alarms, interlocks, barriers, or safety features;
- Repair damaged webbing or buckles; or
- Alter a student's wheelchair programming or medical positioning without authorization.

20. How should a wheelchair lift be inspected?

The lift must be inspected during the required pre-trip or operational inspection according to current Colorado requirements and manufacturer instructions.

The inspection should include:

- Lift doors and door securement devices;
- Controls, pendant, wiring, and warning lights;
- Vehicle interlocks;
- Handrails;
- Platform condition and nonslip surface;
- Outer barrier, roll stop, or retention device;
- Side barriers;
- Smooth deployment, lowering, raising, and stowing;
- Unusual movement, sound, leakage, or damage; and
- Manual or emergency operation, as required by the inspection procedure.

A lift with a safety-related defect must not be used until the defect has been evaluated and corrected.

21. Must the lift operator keep a hand on the wheelchair while the lift is moving?

There is no universal hand-placement rule for every lift and wheelchair.

The operator must follow the lift manufacturer's instructions and the training provided for that equipment. The operator should remain in the designated control position, maintain control of the mobility device, observe the occupant and platform, and stay clear of pinch and shear points.

Wheelchair brakes, power controls, platform barriers, and operator positioning must be used as directed by the applicable manufacturer instructions.

22. What is a sled test?

A sled test reproduces selected crash forces in a controlled laboratory environment. It evaluates the performance of seats, child-restraint systems, wheelchair securement systems, occupant restraints, and related equipment without conducting a complete vehicle crash test.

A statement that a product was "sled tested" does not by itself establish that it is approved for every student, vehicle, or application. Staff must review the applicable standard, test conditions, product labeling, and manufacturer instructions.

COMMON QUESTIONS ON CHILD SAFETY RESTRAINT SYSTEMS AND BEHAVIORAL SUPPORT

23. May a student be placed in a child-restraint system because the student is disruptive?

No. A child-restraint system must not be imposed as punishment, convenience, or an improvised method of behavioral control.

A child-restraint system may be used when it is appropriate for crash protection and is:

- Suitable for the student's size and needs;
- Designed and approved for the intended use;
- Compatible with the vehicle seating system;
- Installed according to manufacturer instructions;
- Selected through the Educational Entity's authorized individualized process; and
- Documented in the student's transportation or educational plan when required.

Equipment intended for occupant protection must not be confused with restraint or seclusion used in response to behavior.

24. What should transportation staff do when new aggressive, unsafe, or disruptive behavior appears?

Transportation personnel should:

1. Address the immediate safety risk using approved procedures;
2. Document observable facts rather than diagnoses or conclusions;
3. Record relevant antecedents, actions, staff responses, and outcomes;
4. Notify the Transportation Supervisor and appropriate school personnel promptly;
5. Continue implementing the current approved plan unless directed otherwise; and
6. Request review of the transportation plan, IEP, § 504 Plan, Behavior Intervention Plan, or safety plan when appropriate.

Transportation staff should not independently create a behavioral restraint, suspend required transportation, or determine that the conduct is a manifestation of a disability.

25. Who determines whether conduct is a manifestation of a student's disability?

A manifestation determination is a specific IDEA disciplinary procedure. It is required when a disciplinary decision would constitute a change of placement for an IDEA-eligible student.

The Educational Entity, the parent, and the IEP team make the determination, not the driver, bus attendant, or Transportation Department acting alone. It generally must occur within ten school days of the decision to change placement. See 34 C.F.R. § 300.530(e).

Transportation personnel may provide incident documentation and first-hand observations to the IEP team.

26. May food, candy, medication, or a personal device be used to manage behavior?

Only when its use is authorized by the appropriate student plan and Educational Entity procedure.

Food must not be offered casually because of allergy, choking, dietary, diabetes, aspiration, or medication concerns. Medication may be administered only by authorized personnel under the applicable health plan, delegation, and medication policy.

A personal device may be used when permitted by the student's plan or Educational Entity policy and when it does not create a securement, distraction, privacy, or projectile hazard.

COMMON QUESTIONS ON MEDICAL SUPPORT AND EMERGENCY PLANNING

27. What is the difference between a Behavior Intervention Plan, Seizure Action Plan, and Individualized Health Plan?

A **Behavior Intervention Plan** identifies proactive supports, replacement behaviors, staff responses, reinforcement strategies, and data-collection procedures related to behavior.

A **Seizure Action Plan** identifies the student's seizure presentation, expected response, rescue-medication directions, emergency criteria, and required notifications.

An **Individualized Health Plan or Medical Action Plan** addresses a student's healthcare needs during the school day or transportation service. It may include routine care, warning signs, emergency actions, medication, equipment, and staff responsibilities.

Transportation personnel must receive the current transportation-relevant portions of these plans and the training necessary to carry out their assigned responsibilities. Superseded plans must be removed from use.

28. Who may perform a medical or healthcare task during transportation?

Only legally authorized and appropriately trained personnel may perform a healthcare task.

The student's health plan should identify:

- The task;
- Who may perform it;
- Required training and competency verification;
- Necessary equipment;
- Warning signs;
- When to call 911;
- Parent and school notification procedures; and
- Substitute-staff requirements.

A driver or bus attendant must not accept responsibility for a procedure beyond the individual's authorization, training, or demonstrated competency.

29. If a nurse rides with a student, is the nurse solely responsible for that student?

Yes, but the student's IEP, health, and transportation plans must define those responsibilities.

The plan should specify responsibilities during boarding, securement, medical events, crashes, evacuations, and student handoff.

30. How must portable oxygen be transported?

Portable oxygen and associated equipment must be handled according to the student's health plan, manufacturer instructions, applicable fire and transportation requirements, and Educational Entity procedures.

At a minimum:

- The cylinder or concentrator must be secured against movement and impact;
- Valves and regulators must be protected;
- Equipment must be kept away from heat, flame, sparks, oils, and grease;
- Smoking and open flames are prohibited;
- Tubing must be protected from snagging or becoming an aisle hazard;
- Assigned personnel must know how to respond to equipment failure or a medical emergency; and
- The equipment must not obstruct an aisle, exit, lift, or securement system.

A placard is not required for transporting personal oxygen tanks, but the oxygen tank(s) must be properly secured during transport.

31. How should emergency evacuation be planned for a student who uses a wheelchair?

A student-specific evacuation plan must be developed before transportation begins whenever the student may require assistance evacuating.

The plan should identify:

- Conditions under which remaining in the vehicle is safer than evacuating;
- Primary and alternate exits;
- Whether the lift may be used;

- The student’s ability to self-evacuate;
- Required personnel and evacuation equipment;
- Whether the student can be separated safely from the wheelchair;
- Head, neck, respiratory, orthopedic, or medical precautions;
- The location to which the student will be moved;
- Accountability and communication procedures; and
- Actions to take if the planned exit or equipment is unavailable.

Personnel should not improvise evacuation methods that exceed their training, physical capacity, or the Educational Entity's policies and procedures.

How do you perform an emergency evacuation out the back door with a wheelchair?

This can be done with 1, 2, or 3 people, but only with a manual wheelchair, as powerchairs are too large to lift through the rear door.

One Person evacuation

This is done very carefully.

1. Begin by placing your hip against the wheelchair and progress slowly towards the rear emergency exit door.
2. As you reach the door, gently move the wheelchair out the door, leaning the chair back against your hip and SLOWLY dropping to your knees as the wheelchair descends towards the ground. Once you can go no further on your knees, drop to your belly and finish the descent.
3. There will be a slight drop for the back of the wheelchair once you have reached the end of your ability to lower the wheelchair any further while still holding on.
4. Release the wheelchair, evacuate the bus, and move to safety.

Two-Person evacuation

1. Begin by placing your hip against the wheelchair and progress slowly towards the rear emergency exit door as the second person slides out of the rear door.
2. As you reach the door, gently move the wheelchair out the door and lean the chair back against your hip. The person outside will then grab onto the wheelchair frame and help with the descent.

3. SLOWLY drop to your knees as the wheelchair descends towards the ground; the aide is still guiding and maneuvering the chair as you carefully slide the wheelchair down the outside of the vehicle.
4. Once you can go no further on your knees, drop to your belly and finish the descent with the second person reaching back and taking the weight of the wheelchair and moving to safety.

Three-person evacuation

1. Begin by placing your hip against the wheelchair and progress slowly towards the rear emergency exit door as the second and third people slide out of the rear door.
2. As you reach the door, gently move the wheelchair out the door and lean the chair back against your hip. The people outside will then grab onto the wheelchair frame and help with the descent.
3. SLOWLY drop to your knees as the wheelchair descends towards the ground; the aides are still guiding and maneuvering the chair as you carefully slide the wheelchair down the outside of the vehicle.
4. Once you can go no further on your knees, drop to your belly, and finish the descent with the people outside reaching back and taking the weight of the wheelchair and moving to safety.

32. Emergency Evacuations for lifting/blanket drags.

General Lifting Guidelines

1. Never lift anyone more than half your weight. Ask for help if you are unsure.
2. Test your lifting ability with a small movement that can be stopped. If the student weighs too much, use another method.
3. Process for lifting a student:
    a. Clear the path to the exit.
    b. Tell the student exactly what you are going to do before you do it.
    c. If necessary, cut the seat belt and other positioning straps.
    d. Stand balanced with your feet shoulder-width apart. Face the student.
    e. Get a good grip on the student or the student's clothing. Use your palms, not just your fingers.
    f. Squat down but keep your heels off the floor. Get as close to the student as you can.
    g. Lift gradually (without jerking) using your leg, abdominal, and buttock

muscles. Keep the student as close to you as possible.

h. Keep your chin tucked in so as to keep a relatively straight back and neck in line.
i. Lift straight up; avoid twisting at the waist while carrying the students.
j. Take small steps. Keep the student close to your body.
k. With students with poor muscle control:
    - Curl the student as much as possible
    - Keep the student's arms and legs from flopping.
    - Support the student's head and neck.

One Person Lift

1. Follow general lifting guidelines.
2. Pass the student's nearest arm over your shoulder.
3. Place one of your arms behind the student's shoulders with your hand under the student's other arm.
4. Place your other arm under the student's knees.
5. Squat down, feet shoulder-width apart.
6. Lift the student with the load equally divided between both arms, holding the student close to you.

Two-Person Lift

1. Follow general lifting guidelines.
2. Move the student in a wheelchair as close to the exit as possible. Slide the student to a seat next to the aisle.
3. The taller person stands behind the student, and the other person stands in front of the student and off to the side.
4. If the student is in a wheelchair, the person in front should remove the armrests and fold up the footrests.
5. The person in back reaches under the student's arms and either grasps the student's right wrist with the right hand and the student's left wrist with the left hand or clasps hands across the student's chest.
6. The person in front lifts the lower extremities under the thighs and hips.
7. Squat down and lift together on a count of 3.
8. Move to the designated area and lower the student on the count of 3.

Blanket Drag

1. Follow general lifting guidelines.
2. Fold a blanket in half and place it on the floor next to the student.
3. Lower the student's legs onto the blanket first, then the head. Place the student with his head toward the exit.
4. Wrap the blanket around the student to prevent arms and legs from being caught on obstacles.
5. Grasp the blanket near the student's head and drag the student to the exit.

Practice

1. Practice lifts and the blanket drag.
2. Practice operating the lift manually.
3. Conduct regular evacuation drills with the students on the school grounds with school personnel observing.

33. Must students participate physically in evacuation drills?

Students should be included in emergency preparation to the greatest safe and appropriate extent. Participation may include discussion, communication practice, exit identification, equipment demonstration, or a supervised evacuation.

A drill must not expose a student to an unnecessary transfer, fall, respiratory event, medical event, or loss of dignity. Any physical transfer or specialized evacuation technique must be consistent with the student's plan and performed by trained personnel.

Staff should also practice equipment operation and assigned responsibilities without placing the student at risk.

34. May transportation service be delayed until equipment, staffing, or training is available?

An Educational Entity must act promptly to implement required transportation. A student should not be left without access because the Educational Entity did not complete planning, equipment acquisition, contracting, or staff training in time.

When all elements cannot be implemented immediately, the Educational Entity should:

- Notify the appropriate administrator and student-services team;
- Determine whether a safe temporary accommodation is available;

- Document the actions and expected completion date;
- Communicate with the parent through the authorized process; and
- Consider whether remedial or compensatory action is required.

Temporary arrangements must not become an indefinite substitute for the service required by the student's plan.

COMMON QUESTIONS ON SERVICE ANIMALS

35. What qualifies as a service animal?

Under ADA Title II, a service animal is a dog individually trained to perform work or tasks for a person with a disability. The work or tasks must be directly related to the disability.

Emotional support, comfort, companionship, and crime deterrence by themselves do not constitute trained work or tasks under the ADA.

Miniature horses are addressed separately. An Educational Entity must consider reasonable modification to permit a trained miniature horse after assessing the factors identified in 28 C.F.R. § 35.136(i), including control, housebreaking, facility accommodation, and safety requirements. See the U.S. Department of Justice's Service Animals and the ADA guidance.

Colorado law also provides access rights for qualifying service animals in training when accompanied as required by C.R.S. § 24-34-803.

36. What questions may staff ask about a service animal?

When the need and trained task are not apparent, staff may ask only:

1. Is the animal required because of a disability?
2. What work or task has the animal been trained to perform?

Staff may not demand the student's diagnosis, require medical documentation, require a professional training certificate, or require a vest, identification card, or special registration.

Student-specific transportation planning may still address safe placement, handling, emergency procedures, and the assistance a young student may need to use the service animal.

37. Where should a service animal ride?

The animal should remain on the vehicle floor within the handler's assigned space and must not:

- Occupy a passenger seat;

- Obstruct an aisle or emergency exit;
- Interfere with the operator or vehicle controls;
- Ride on a lift unless that procedure is required and can be performed safely; or
- Be placed where the animal is likely to be stepped on or struck by equipment.

Determine the exact location before service begins, and account for the student, animal, mobility device, other passengers, and emergency evacuation.

38. May the service animal's leash be attached to a wheelchair or vehicle?

Yes, you can separate the dog from the WHEELCHAIR, not the STUDENT. The leash, harness, or tether must not be attached to the vehicle, passenger seat, seat belt, wheelchair securement system, or docking system.

The animal must remain under the handler's control through a harness, leash, tether, voice control, signals, or another effective method permitted by the ADA. If the animal normally connects to the handler's wheelchair, the transportation team must verify that the arrangement does not interfere with wheelchair securement, occupant restraints, vehicle movement, or emergency evacuation.

39. May a service animal be excluded from transportation?

A service animal may be excluded when:

- The animal is out of control, and the handler does not take effective action;
- The animal is not housebroken; or
- The particular animal presents a direct threat that cannot be eliminated through reasonable measures.

The decision must be based on the actual behavior and circumstances of the individual animal—not breed, size, assumptions, allergies, or fear alone.

If the animal is excluded, the Educational Entity must continue providing the student access to transportation and educational services without the animal while the matter is addressed.

40. What if another passenger or staff member has an allergy or fear of the service animal?

An allergy or fear does not automatically justify denying the student's service animal.

The Educational Entity must assess and accommodate both individuals when possible. Measures may include:

- Separate seating locations;
- Increased distance;

- Ventilation or cleaning adjustments;
- Different boarding order;
- Route or staffing adjustments; or
- Another effective individualized arrangement.

Evaluate a severe medical condition through the applicable accommodation process rather than a unilateral transportation decision.

COMMON QUESTIONS ON IMPLEMENTATION, REPORTING, AND ACCOUNTABILITY

41. What should staff do when required equipment is missing, damaged, or incompatible?

Staff must not improvise or substitute unapproved equipment.

They should:

1. Keep the student in a safe location;
2. Notify dispatch or the Transportation Supervisor;
3. Identify the defective or missing component;
4. Follow the approved contingency procedure;
5. Document the condition and action taken; and
6. Use replacement equipment only after compatibility and condition have been verified.

If the problem is discovered before departure, the vehicle should not move until the student can be transported safely.

42. What should staff do if they believe an assignment cannot be performed safely?

The employee must report the specific concern immediately through the established supervisory process.

The report should describe:

- The student, vehicle, route, equipment, or procedure involved;
- The observed hazard;
- The instruction or requirement that cannot be met;
- Any immediate protective action taken; and

- What assistance is needed.

The employee must not abandon a student, refuse service without notification, or independently alter the student's plan. The Educational Entity must investigate and resolve the concern promptly.

43. What happens when an IEP, § 504 Plan, or health plan is not implemented correctly?

The failure must be reported promptly to the Transportation Supervisor and the administrator responsible for the student's plan.

The Educational Entity should:

- Protect the student from any immediate risk;
- Correct the implementation problem;
- Document what occurred;
- Notify appropriate personnel and the parent as required;
- Determine whether the plan, equipment, staffing, or training must be revised; and
- Determine whether remedial or compensatory action is necessary.

Do not disregard transportation requirements because of staffing shortages, scheduling difficulty, route efficiency, or cost.

44. What are the legal ramifications of going against an IEP?

An Individualized Education Program (IEP) is a legally binding document created under the Individuals with Disabilities Education Act (IDEA). Because it is a legal federal mandate, going against or failing to implement an IEP carries serious legal, administrative, and financial consequences.

The specific ramifications depend on who is going against the document (e.g., a school district, individual teacher, or parent).

Ramifications for the School District

When a school fails to provide the accommodations, specialized instruction, or related services (like speech, transportation, or occupational therapy) listed in an IEP, it violates federal law.

- **Denial of FAPE (Free Appropriate Public Education):** Under IDEA, students with qualifying disabilities are guaranteed a FAPE. Deviating from the IEP means the school has breached this obligation.
- **Compensatory Education:** Courts or administrative hearing officers can order the school district to provide "make-up" services at their own expense (e.g.,

private tutoring, additional therapies, or extended school year services) to offset the progress lost while the IEP was ignored.

- **Reimbursement for Private Placement:** If a district repeatedly fails to implement an IEP, parents may unilaterally place their child in a private school that meets their needs and sue the district for full tuition reimbursement.
- **Paying Parent Legal Fees:** If parents take legal action and win via a **Due Process Hearing** or court case, the school district is typically ordered to pay all of the parents' attorney fees and legal costs.
- **State & Federal Sanctions:** Parents can file state complaints with their state Department of Education or the federal Office for Civil Rights (OCR). Investigations can result in mandatory corrective action plans or loss of federal funding for non-compliant districts.

Ramifications for Individual Teachers & Staff

While school districts bear primary legal liability, individual staff members face personal and professional consequences for willfully ignoring an IEP:

- **Professional Disciplinary Action:** Teachers and staff can face formal reprimands, suspension, negative evaluations, or termination from the school district for non-compliance.
- **Loss of Teaching License:** Severe or repeated violations can lead to reports to state licensing boards, resulting in the suspension or revocation of teaching credentials.
- **Personal Liability (Under Section 1983):** While rare due to qualified immunity, if a court finds an educator *deliberately* refused to implement an IEP (exhibiting gross negligence or intentional disregard for student rights), qualified immunity can be stripped, leaving the individual exposed to personal civil lawsuits.

45. When should an incident report be completed?

An incident report should be completed whenever required by Educational Entity policy, including after:

- Injury or suspected injury;
- Medical events;
- Emergency medication administration;
- Aggression or a significant behavioral event;
- Improper release or attempted unauthorized pickup;
- Equipment or securement failure;

- Lift malfunction;
- Evacuation;
- Vehicle crash or sudden event affecting the student;
- Service-animal incident;
- Missing student information; or
- A material deviation from the transportation plan.

Reports must state observable facts, actions, times, notifications, and outcomes. Staff should avoid diagnoses, blame, speculation, or personal conclusions.

45. When should a student's transportation plan be reviewed?

The plan should be reviewed at least as often as required by the governing educational or health plan and whenever there is a significant change involving:

- The student's condition, behavior, mobility, or communication;
- The wheelchair or other equipment;
- Medication or medical procedures;
- Service-animal use;
- Boarding, release, or custody instructions;
- Route or ride time;
- Vehicle type;
- Assigned staffing;
- School placement; or
- Emergency evacuation needs.

Transportation personnel should promptly report changes they observe rather than waiting for the next annual review.

46. Can a Special Needs Team request an emergency IEP staffing if new behaviors (violent, aggressive, etc.) are emerging? Behaviors that are not a manifestation of current IEP behavior prognosis.

Yes, absolutely. Any member of the IEP team, including special education teachers, general education teachers, therapists, school administrators, or parents, can request an immediate IEP team meeting when a student's needs change, particularly if safety issues or severe, unexpected behaviors arise.

When new behaviors like violence or aggression emerge that are outside the scope of the current IEP, emergency staffing is not only allowed; it is legally required to ensure safety and maintain a Free Appropriate Public Education (FAPE).

Key Immediate Actions for the Team

1. Conducting a Functional Behavior Assessment (FBA)

If new behaviors emerge, the team must evaluate what is causing them.

- An FBA systematically gathers data to determine the triggers (antecedents), root cause, and function of the new behavior (e.g., sensory overload, communication frustration, pain, trauma).
- *Note:* Conducting a formal FBA generally requires parent consent, which is why an immediate IEP meeting is necessary to request and authorize it.

2. Developing or Revising a Behavior Intervention Plan (BIP)

- If the student already has a BIP, it must be updated because the current plan is clearly insufficient to address the new, aggressive behaviors.
- If no BIP exists, the team must draft one based on the FBA findings to give staff legally authorized de-escalation strategies, proactive supports, and environmental modifications.

3. Implementing a Safety / Crisis Plan

While the FBA and full IEP adjustments are underway, the team can create an immediate, temporary Crisis/Safety Plan. This details specific, safe de-escalation steps, staff response protocols, and emergency measures to keep the student, staff, and peers safe.

4. Re-evaluating Placement and Supports

Emerging aggressive behaviors may signal that the current classroom setting or support level is no longer appropriate. The team may discuss adding 1:1 aide support, specialized therapies, or exploring a temporary or long-term alternative educational placement.

Special Legal Rules Regarding Safety & Removal

Under the Individuals with Disabilities Education Act (IDEA), schools have specific protocols when violent or dangerous behaviors occur:

- **The 10-Day Discipline Threshold:** If a student is suspended or removed from their normal setting for more than 10 cumulative school days in a school year due to behavior, it is considered a legal "change of placement." This automatically triggers a mandatory Manifestation Determination Review (MDR) meeting to formally decide whether the behavior is linked to the student's disability.

- **45-Day Interim Alternative Educational Setting (IAES):** Under IDEA § 300.530(g), if a student inflicts serious bodily injury upon another person at school or a school function, school administrators have the legal authority to remove the student to an IAES for up to 45 school days, regardless of whether the behavior was a manifestation of their disability.

How Staff Should Proceed Immediately

1. **Submit a Written Request:** Put the meeting request in writing to the IEP case manager/administrator, explicitly citing "emerging safety concerns, change in student needs, and the necessity for an FBA/BIP."
2. **Collect Objective Data:** Document dates, times, antecedents, exact behaviors, and consequences leading up to and during these violent incidents. Objective data is critical for justifying new services or placement changes.
3. **Notify Administration:** Ensure school leadership is aware so temporary safety protocols (e.g., adult supervision, clear room strategies) can be used while the meeting is scheduled.

AUTHORITY AND INTERPRETATION

Primary authorities relevant to this section include:

- Individuals with Disabilities Education Act and implementing regulations, including 34 C.F.R. §§ 300.34, 300.111, 300.321, 300.324, and 300.530;
- § 504 of the Rehabilitation Act of 1973;
- Title II of the Americans with Disabilities Act, including 28 C.F.R. § 35.136;
- Family Educational Rights and Privacy Act, including 34 C.F.R. Part 99;
- McKinney-Vento Homeless Assistance Act, including 42 U.S.C. § 11434a;
- Colorado Revised Statutes, including C.R.S. §§ 22-32-147 and 24-34-803;
- Current Colorado State Board of Education transportation rules;
- Applicable Federal Motor Vehicle Safety Standards;
- Applicable nursing, medication-administration, and delegation requirements; and
- Current manufacturer instructions for vehicles, lifts, wheelchairs, child-restraint systems, wheelchair securement systems, occupant restraints, and medical equipment.

Because statutes, regulations, standards, and manufacturer instructions change, the Educational Entity should review this section periodically with qualified special-education, transportation, nursing, risk-management, and legal personnel.

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SECTION 13
TEMPLATES AND SAMPLES

SAMPLE SPECIALIZED TRANSPORTATION INTAKE FORM

Pg 1

Student name/ID:

_____

School/program and grade:

_____

Requesting team/contact:

_____

Parent/guardian and preferred language:

_____

Requested service-start date:

_____

IEP/504/other authority and meeting date:

_____

Transportation need and functional impact

☐ Mobility/transfer assistance	☐ Wheelchair or mobility device
☐ CSRS or positioning support	☐ Health action or emergency medication
☐ Oxygen/medical equipment	☐ Communication/sensory support
☐ Behavior/supervision support	☐ Preschool handoff/attendance control
☐ Service animal	☐ Other: _____

Observable support required during loading, travel, transfer, and unloading:

_____

Pickup/drop-off accessibility and authorized handoff:

_____

Equipment manufacturer/model and owner:

_____

Emergency actions and threshold for 911/EMS:

_____

Information that must be available to substitutes:

_____

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Review and Approval Record

Review	Name/role	Decision or conditions	Date
IEP/504/program authority confirmed			
Transportation feasibility and route review			
Health/nursing review, if applicable			
Equipment/CSRS/ WTORS compatibility review			
Training and competency verification			
Final service-start authorization			

Implementation Timeline

When	Required action	Owner	Status/date
Day 0—complete request received	Acknowledge request; identify coordinator; flag urgent continuity or access issues.		
Within 1 school day	Screen for missing information, health/equipment risks, and interim-service needs.		
Within 3 school days	Complete route/vehicle/staffing review and schedule required assessments or training.		
Before service start	Complete approvals, equipment checks, staff competency, family/school handoff, and substitute access.		
First 5 service days	Monitor implementation; correct gaps; record family/school feedback.		
Scheduled and event-driven review	Review at least annually and after a relevant change, incident, equipment change, or recurring concern.		

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Service-Start Handoff Checklist

☐ Current student transportation plan is approved and available to assigned staff.

☐ Route, stop, ride time, vehicle, and accessible path have been verified.

☐ Required CSRS, WTORS, securement points, medical equipment, and spares are present and compatible.

☐ Assigned operator and attendant demonstrated required general and student-specific competencies.

☐ Substitute coverage and access to need-to-know instructions are established.

☐ Parent/guardian and school know start date, pickup window, handoff expectations, and contact process.

☐ Emergency contacts, 911 thresholds, evacuation duties, and communication method are clear.

☐ First-day observation and follow-up owner/date are scheduled.

Authorized to begin service by/date:

_____

SAMPLE STUDENT-SPECIFIC EVACUATION PLAN

Student/ID: _____

Route/vehicle: _____

Plan owner: _____

Effective/review date: _____

Primary assigned staff: _____

Substitute-access location:

_____

Plan element	Student-specific direction
Normal seating and position	Seat/row or wheelchair bay; CSRS/WTORS; posture/positioning; communication device location.
Primary and alternate exits	Exit sequence, path, lift use limits, traffic/environment constraints, and who opens/guards each exit.
Assistance and transfer	Number of helpers; verbal/visual cues; lift/carry/drag device; transfer restrictions; dignity/privacy considerations.
Equipment release	Exact belt/strap/tiedown release order; emergency cutting tool location/use; who performs each action.
Mobility device disposition	Evacuate with the device, transfer to an evacuation device, or leave it secured; retrieve only when safe and authorized.
Medication, oxygen, or medical equipment	What accompanies the student; who carries it; tubing/battery/fire considerations; actions staff may not perform.
Communication/sensory/ behavior support	How to explain the emergency, obtain attention, address noise/light/crowds, and prevent elopement.
Safe assembly and accountability	Assembly location, supervision assignment, student identification/count, weather protection, and family/school handoff.
Responder information	Need-to-know information and plan/directive access for EMS/fire/law enforcement.

SAMPLE STUDENT-SPECIFIC HEALTH TRANSPORTATION ACTION PLAN

Nurse-controlled plan
The school nurse or other authorized health professional must complete or approve this template. Transportation staff follow the current approved plan within their training and legal scope; they do not diagnose, interpret clinical orders, or create treatment steps.

Student/ID: _____

School/route: _____

Effective date/review date: _____

Nurse/health-plan owner and contact: _____

Operator/attendant acknowledgement date: _____

Transportation situation	Student-specific entries
Baseline during transportation	Appearance, behavior, communication, positioning, equipment, and vital information staff are expected to observe.
Early warning signs	Observable signs that require a pause, position/support change, nurse/dispatch call, or other approved action.
Emergency threshold	Specific observable condition requiring 911/EMS, emergency stop, evacuation, or immediate district notification.
Staff response sequence	Numbered actions staff are trained and authorized to perform, including who calls 911, dispatch, school, and family.
Medication/procedure/equipment	Exact item, location, staff authorization, inspection, use limits, storage, temperature, and transfer responsibility.
Actions staff must not perform	Clinical decisions, procedures, repositioning, feeding, medication, equipment adjustment, or other actions outside the approved plan/scope.
Evacuation considerations	Mobility assistance, equipment disposition, oxygen/medication, communication, safe assembly, and alternate actions.
After-event actions	Monitoring, handoff, documentation, replenishment, review, and clearance before next transport if required.

SAMPLE GENERAL SERVICE ANIMAL AWARENESS NOTICE

Dear Parents and Guardians:

Students may encounter trained service animals in school buildings, at school activities, or while using school transportation. Service animals perform disability-related work or tasks and should not be treated as pets.

Please remind your student not to pet, feed, call, tease, or otherwise distract a working service animal. Students should follow the directions of school and transportation personnel whenever a service animal is present.

If your student has a disability-related allergy, respiratory condition, phobia, or other medical condition that may be affected by an animal's presence, please contact the appropriate school administrator or § 504 coordinator. The Educational Entity will evaluate individual needs and determine appropriate accommodations.

Questions regarding service animals in school transportation may be directed to:

Transportation Department: _____

§ 504/ADA Coordinator: _____

Sincerely,

Transportation Department

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SECTION 14
RESOURCES AND REFERENCES

ADDITIONAL RESOURCES

Links below were last verified in September 2026.

Federal Laws & Student Rights

ADA & § 504

- ADA National Network – Disability Law Handbook: https://adata.org/publication/disability-law-handbook
- ADA Title II Regulations § 35.136 (Service Animals): https://www.ecfr.gov/current/title-28/chapter-I/part-35/subpart-B/section-35.136
- U.S. Department of Justice Civil Rights Division – ADA Regulations: https://www.ada.gov/law-and-regs/regulations/
- U.S. Equal Employment Opportunity Commission – Disability Discrimination: https://www.eeoc.gov/disability-discrimination
- U.S. Department of Education Office for Civil Rights – § 504 Resource Guide: https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf
- U.S. Department of Education Office for Civil Rights – Protecting Students with Disabilities: https://www2.ed.gov/about/offices/list/ocr/504faq.html
- Wrightslaw – § 504: https://www.wrightslaw.com/info/sec504.index.htm

IDEA & Special Education

- U.S. Department of Education – Individuals with Disabilities Education Act (IDEA): https://sites.ed.gov/idea/
- Congressional Research Service – IDEA Part B Overview: https://fas.org/sgp/crs/misc/R41833.pdf
- Electronic Code of Federal Regulations – 34 CFR § 300.101 (FAPE): https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300/subpart-B/subject-group-ECFR1a7337ed314b102/section-300.101
- Cornell Law Legal Information Institute – FAPE Details: https://www.law.cornell.edu/cfr/text/34/300.101
- Understood.org – What Is and Isn't Covered Under FAPE: https://www.understood.org/en/articles/what-is-and-isnt-covered-under-fape
- U.S. Department of Education – FAPE via § 504: https://www2.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html

- U.S. Department of Education – IDEA Least Restrictive Environment (34 CFR § 300.114): https://sites.ed.gov/idea/regs/b/b/300.114
- Center for Parent Information and Resources – LRE Reference List: https://www.parentcenterhub.org/fapebrief-ref-list-lre/
- Understood.org – Least Restrictive Environment: What You Need to Know: https://www.understood.org/en/articles/least-restrictive-environment-lre-what-you-need-to-know
- U.S. Department of Education – Extended School Year Regulations (34 CFR § 300.106): https://sites.ed.gov/idea/regs/b/b/300.106
- Understood.org – Extended School Year Services: What You Need to Know: https://www.understood.org/en/articles/extended-school-year-services-what-you-need-to-know
- Smart Kids with LD – The IEP Process and Team: https://www.smartkidswithld.org/getting-help/know-your-childs-rights/idea-iep-process/
- U.S. Department of Education – Individualized Education Program Guide: https://www2.ed.gov/parents/needs/speced/iepguide/index.html
- Wrightslaw – IEP Center: https://www.wrightslaw.com/info/iep.index.htm
- Center for Parent Information and Resources – Individualized Family Service Plans (IFSP): https://www.parentcenterhub.org/ifsp/
- Special Education Guide – The Who, What, and Why of an IFSP: https://www.specialeducationguide.com/early-intervention/the-who-what-why-of-an-individual-family-services-plan-ifsp/
- U.S. Department of Education – IFSP Regulations (34 CFR § 303.344): https://sites.ed.gov/idea/regs/c/d/303.344
- Center for Parent Information and Resources – IDEA Part C Overview: https://www.parentcenterhub.org/partc/
- ECTA Center – IDEA Part C Early Intervention: https://ectacenter.org/partc/partc.asp
- U.S. Department of Education – IDEA Part C Regulations: https://sites.ed.gov/idea/regs/c
- U.S. Department of Education – Public Law 94-142 History: https://sites.ed.gov/idea/IDEA-History

- GovInfo – Public Law 94-142 Statute Archive: https://www.govinfo.gov/content/pkg/STATUTE-89/pdf/STATUTE-89-Pg773.pdf
- U.S. Department of Education – IDEA Child with a Disability Definition (34 CFR § 300.8): https://sites.ed.gov/idea/regs/b/a/300.8
- U.S. Department of Education – Office of Special Education Programs (OSEP): https://www2.ed.gov/about/offices/list/osers/osep/index.html
- CAR Autism Roadmap (CHOP) – Understanding Discipline and School Transportation Rules: https://www.research.chop.edu/car-autism-roadmap/school-discipline
- Kids Legal – Special Education Discipline: Suspensions and Expulsions: https://kidslegal.org/special-education-discipline-suspensions-and-expulsions

Privacy, Constitutional Rights & General Federal Acts

- U.S. House Office of the Law Revision Counsel – 20 U.S.C. 1232g (FERPA): https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title20-section1232g&num=0&edition=prelim
- Electronic Code of Federal Regulations – FERPA Regulations (34 CFR Part 99): https://www.law.cornell.edu/uscode/text/20/1232g
- Electronic Privacy Information Center (EPIC) – Student Privacy and FERPA: https://epic.org/issues/data-privacy/student-privacy/
- U.S. Department of Education – Student Privacy Policy Office (FERPA): https://studentprivacy.ed.gov/
- U.S. Department of Education – Every Student Succeeds Act (ESSA): https://www.ed.gov/essa
- Understood.org – Every Student Succeeds Act (ESSA): What You Need to Know: https://www.understood.org/en/articles/every-student-succeeds-act-essa-what-you-need-to-know
- Cornell Law Legal Information Institute – 14th Amendment Text: https://www.law.cornell.edu/constitution/amendmentxiv
- Encyclopaedia Britannica – 14th Amendment Overview: https://www.britannica.com/topic/Fourteenth-Amendment
- Library of Congress – 14th Amendment Primary Documents & Research Guide: https://guides.loc.gov/14th-amendment

- ASCD – What to Do to Stop Sexual Harassment at School: https://www.ascd.org/el/articles/what-to-do-to-stop-sexual-harassment-at-school
- Equal Rights Advocates – Know Your Rights: Sexual Harassment at School: https://www.equalrights.org/issue/equality-in-schools/sexual-harassment/
- U.S. Department of Education – Title IX and Sexual Harassment Resources: https://www2.ed.gov/about/offices/list/ocr/docs/sexhar00.html

Colorado State Law & CDE Rules

Colorado Statutes

- FindLaw – Colorado Revised Statutes Title 19 (Child Abuse Reporting § 19-3-304): https://codes.findlaw.com/co/title-19-childrens-code/co-rev-st-sect-19-3-304/
- Justia Law – Colorado Code § 42-4-1903 (School Buses - Stops - Signs): https://law.justia.com/codes/colorado/2022/title-42/article-4/part-19/section-42-4-1903/

CDE Rules

- Colorado Department of Education (CDE) – Special Education Services: https://www.cde.state.co.us/cdesped
- Colorado Secretary of State – Rules for Operation, Maintenance, and Inspection of School Transportation Vehicles (1 CCR 301-26): https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11919
- CDE – Exceptional Children's Educational Act (ECEA) Rules (1 CCR 301-8): https://www.cde.state.co.us/cdesped/ecearules
- CDE – Gifted Education Identification: https://www.cde.state.co.us/gt/identification
- CDE – Extended School Year (ESY) Guidelines: https://www.cde.state.co.us/cdesped/esy

School Health & Nursing

- CDE – School Nursing & Health Services (Delegation Guidance): https://www.cde.state.co.us/healthandwellness/nursing
- National Council of State Boards of Nursing (NCSBN) – Nursing Practice Act Resources: https://www.ncsbn.org/nursing-regulation/practice.page

Transportation Operations, Securement & Programs

Specialized Equipment & Vehicles

- AMF Bruns – Online Training: https://amfbrunscampus.com/
- AMF Bruns – Protektor System: https://www.amfbrunsamerica.com/support/downloads/
- NHTSA – School Bus Driver Service Safety Series: https://www.nhtsa.gov/road-safety/school-bus-safety
- NHTSA – Guideline for Safe Transportation of Pre-School Age Children in School Buses: https://www.nhtsa.gov/school-buses/guidelines-safe-transportation-preschool-age-children-school-buses
- National Congress on School Transportation (NCST) – Specifications and Procedures: https://www.nasdpts.org/ncst
- School Bus Fleet – Oxygen Transport Guide: https://www.schoolbusfleet.com/article/610689/oxygen-transport-guide
- Q'Straint – Securement 101: https://www.qstraint.com/securement-101/
- Q'Straint – QRT Max Retractor Systems: https://www.qstraint.com/qrt-max/
- Q'Straint – QRT Deluxe Retractor Systems: https://www.qstraint.com/qrt-deluxe/
- Q'Straint and Sure-Lok – Training: https://sure-lok.com/training-aqademy/, https://training.qstraint.com/
- Sure-Lok – Products: https://sure-lok.com/products/

Programs & Travel Training

- National Center for Homeless Education (NCHE) – McKinney-Vento Act: https://nche.ed.gov/mckinney-vento/
- SchoolHouse Connection – McKinney-Vento Act Summary: https://schoolhouseconnection.org/mckinney-vento-act-summary/
- U.S. Department of Education – Homeless Children and Youth Legislation: https://www2.ed.gov/programs/homeless/legislation.html
- Office of Head Start (OHS) – Administration for Children and Families: https://www.acf.hhs.gov/ohs
- Early Childhood Learning and Knowledge Center (ECLKC) – Policy & Regulations: https://eclkc.ohs.acf.hhs.gov/policy

- ECLKC – Head Start Transportation Services Requirements: https://eclkc.ohs.acf.hhs.gov/transportation/article/transportation-requirements-head-start-programs
- National Association of Special Education Teachers (NASET) – Travel Training: https://www.naset.org/professional-resources/transition-services/travel-training

Service Animals

- ADA National Network – Service Animal Resource Hub: https://adata.org/service-animal-resource-hub
- ADA National Network – Service Animals and Emotional Support Animals Guide: https://adata.org/publication/service-animals-booklet
- Electronic Code of Federal Regulations – 28 CFR § 35.136 (Service Animals): https://www.law.cornell.edu/cfr/text/28/35.136
- 4 Paws for Ability – Types of Service Dogs: https://4pawsforability.org/types-of-service-dogs/

Medical & Health Reference Guide (Alphabetical A–Z)

- **Anaphylactic Shock:**
    - American Academy of Allergy, Asthma & Immunology (AAAAI) – Anaphylaxis: https://www.aaaai.org/conditions-treatments/allergies/anaphylaxis
    - Food Allergy Research & Education (FARE) Home: https://www.foodallergy.org/
    - FARE – Food Allergy & Anaphylaxis Emergency Care Plan: https://www.foodallergy.org/resources/food-allergy-anaphylaxis-emergency-care-plan
- **Asthma:**
    - American Lung Association – Asthma: https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma
    - AAAAI – Asthma Center: https://www.aaaai.org/conditions-treatments/asthma
    - National Heart, Lung, and Blood Institute (NHLBI) – Asthma: https://www.nhlbi.nih.gov/health/asthma
- **Attention Deficit Hyperactivity Disorder (ADHD / ADD):**

- CHADD – Understanding ADHD: https://chadd.org/understanding-adhd/
- HelpGuide.org – ADHD in Children: https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm
- Nemours KidsHealth – ADHD: https://kidshealth.org/en/parents/adhd.html

- **Cerebral Palsy:**
  - CDC – Cerebral Palsy Facts: https://www.cdc.gov/ncbddd/cp/facts.html
  - Cerebral Palsy Group: https://cerebralpalsygroup.com/cerebral-palsy/
  - National Institute of Neurological Disorders and Stroke (NINDS) – Cerebral Palsy: https://www.ninds.nih.gov/health-information/disorders/cerebral-palsy
- **Colostomy:**
  - American Cancer Society – What Is a Colostomy?: https://www.cancer.org/cancer/managing-cancer/treatment-types/ostomies/colostomy/what-is-colostomy.html
  - Johns Hopkins Medicine – Colostomy Guide: https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/colostomy
- **Cystic Fibrosis (C.F.):**
  - American Lung Association – Cystic Fibrosis: https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/cystic-fibrosis
  - Cystic Fibrosis Foundation: https://www.cff.org/
  - NHLBI – Cystic Fibrosis: https://www.nhlbi.nih.gov/health/cystic-fibrosis
- **Diabetes:**
  - MedlinePlus – Diabetes: https://medlineplus.gov/diabetes.html
  - MedlinePlus – Diabetes in Children and Teens: https://medlineplus.gov/diabetesinchildrenandteens.html
  - NIDDK – Helping the Student with Diabetes Succeed: A Guide for School Personnel: https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/diabetes/helping-student-diabetes-succeed-guide-school-personnel

- **Down Syndrome:**
    - Association for Children with Down Syndrome (ACDS): https://www.acds.org/
    - CDC – Down Syndrome Facts: https://www.cdc.gov/ncbddd/birthdefects/downsyndrome.html
    - National Down Syndrome Society (NDSS): https://www.ndss.org/
- **Gastrostomy (G-Tube):**
    - UPMC Children's Hospital of Pittsburgh – Pediatric Intestinal Care: https://www.chp.edu/our-services/transplant/intestine
    - Nemours KidsHealth – G-Tubes: https://kidshealth.org/en/parents/g-tube.html
- **Hearing Disability:**
    - American Speech-Language-Hearing Association (ASHA) – Causes of Hearing Loss in Children: https://www.asha.org/public/hearing/causes-of-hearing-loss-in-children/
    - Disabled World – Hearing Impairments: https://www.disabled-world.com/disability/types/hearing/
    - Hands & Voices – Deaf & Hard of Hearing Resources: https://handsandvoices.org/
- **Heart Disease:**
    - American Heart Association – What Is Cardiovascular Disease?: https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease
    - American Heart Association – Myths About Cardiovascular Disease: https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease/top-10-myths-about-cardiovascular-disease
    - American Heart Association – Family History and Heart Disease: https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease/family-history-and-heart-disease-stroke
- **Hemophilia:**
    - CDC – Hemophilia Facts: https://www.cdc.gov/ncbddd/hemophilia/facts.html

- National Bleeding Disorders Foundation – Hemophilia A: https://www.hemophilia.org/bleeding-disorders-a-z/types/hemophilia-a
- MedlinePlus – Hemophilia: https://medlineplus.gov/hemophilia.html

- **Hydrocephalus:**
  - American Association of Neurological Surgeons (AANS) – Hydrocephalus: https://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Hydrocephalus
  - MedlinePlus – Hydrocephalus: https://medlineplus.gov/hydrocephalus.html
- **Kidney Disease:**
  - Nemours KidsHealth – Chronic Kidney Disease: https://kidshealth.org/en/parents/chronic-kidney-disease.html
  - National Kidney Foundation – Kidney Disease Overview: https://www.kidney.org/kidneydisease
  - MedlinePlus – Kidney Diseases: https://medlineplus.gov/kidneydiseases.html
- **Leukemia:**
  - American Cancer Society – Leukemia Information: https://www.cancer.org/cancer/types/leukemia.html
  - Nemours KidsHealth – Childhood Leukemia: https://kidshealth.org/en/parents/cancer-leukemia.html
  - Leukemia & Lymphoma Society (LLS): https://www.lls.org/leukemia
- **Mononucleosis (Mono):**
  - FamilyDoctor.org (AAFP) – Mononucleosis: https://familydoctor.org/condition/mononucleosis/
  - CDC – About Epstein-Barr Virus and Mononucleosis: https://www.cdc.gov/epstein-barr/about-mono.html]
  - Nemours KidsHealth – Mononucleosis: https://kidshealth.org/en/teens/mononucleosis.html
- **Multiple Sclerosis (MS):**

- Johns Hopkins Medicine – Multiple Sclerosis: https://www.hopkinsmedicine.org/health/conditions-and-diseases/multiple-sclerosis-ms
- Mayo Clinic – Multiple Sclerosis Symptoms & Causes: https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/symptoms-causes/syc-20350269
- National Multiple Sclerosis Society: https://www.nationalmssociety.org/

- **Muscular Dystrophy (MD):**
  - Nemours KidsHealth – Muscular Dystrophy: https://kidshealth.org/en/parents/muscular-dystrophy.html
  - Muscular Dystrophy Association (MDA) – Disease List: https://www.mda.org/disease
  - MedlinePlus – Muscular Dystrophy: https://medlineplus.gov/musculardystrophy.html
- **Neurofibromatosis (NF):**
  - AANS – Neurofibromatosis: https://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Neurofibromatosis
  - Nemours KidsHealth – Neurofibromatosis: https://kidshealth.org/en/parents/nf.html
  - MedlinePlus – Neurofibromatosis: https://medlineplus.gov/neurofibromatosis.html
- **Seizure Disorders & Epilepsy:**
  - AANS – Epilepsy: https://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Epilepsy
  - CDC – Epilepsy Basics: https://www.cdc.gov/epilepsy/index.html
  - Epilepsy Foundation: https://www.epilepsy.com/
- **Spina Bifida & Spinal Cord Injuries:**
  - CDC – Spina Bifida Facts: https://www.cdc.gov/ncbddd/spinabifida/facts.html
  - CDC – Spina Bifida in School-Aged Children: https://www.cdc.gov/ncbddd/spinabifida/school-age.html

- Mayo Clinic – Spina Bifida: https://www.mayoclinic.org/diseases-conditions/spina-bifida/symptoms-causes/syc-2037786
- AANS – Spinal Cord Injury: https://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Spinal-Cord-Injury
- Johns Hopkins Medicine – Spinal Cord Injury Overview: https://www.hopkinsmedicine.org/health/conditions-and-diseases/spinal-cord-injury
- MedlinePlus – Spinal Cord Injuries: https://medlineplus.gov/spinalcordinjuries.html

- **Tourette Syndrome:**
  - CDC – Tourette Syndrome Information: https://www.cdc.gov/ncbddd/tourette/index.html
  - Mayo Clinic – Tourette Syndrome: https://www.mayoclinic.org/diseases-conditions/tourette-syndrome/symptoms-causes/syc-20350465
  - Tourette Association of America: https://tourette.org/
- **Tracheostomy:**
  - Connecticut Children's Medical Center – Tracheostomy Care Handbook: https://www.connecticutchildrens.org/wp-content/uploads/2017/02/ENT_tracheostomy_care_handbook.pdf
  - Together by St. Jude – Clean a Tracheostomy Site: https://together.stjude.org/en-us/patient-education-resources/care-treatment/clean-trach-site.html
  - MedlinePlus – Tracheostomy Care: https://medlineplus.gov/ency/article/002955.htm
- **Traumatic Brain Injury (TBI):**
  - AANS – Traumatic Brain Injury: https://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Traumatic-Brain-Injury
  - Mayo Clinic – Traumatic Brain Injury: https://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/symptoms-causes/syc-20378557
  - Merck Manual Professional Version – Traumatic Brain Injury (TBI): https://www.merckmanuals.com/professional/injuries-poisoning/traumatic-brain-injury-tbi/traumatic-brain-injury-tbi

- **Universal Precautions & Biohazards:**
    - OSHA – Bloodborne Pathogens and Universal Precautions Standard (29 CFR 1910.1030): https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030
    - National Center for Biotechnology Information (NCBI) – Universal Precautions: https://www.ncbi.nlm.nih.gov/books/NBK470223/
    - Aftermath Services – Universal Precautions & Bloodborne Pathogens: https://www.aftermath.com/content/universal-precautions-bloodborne-pathogens/
- **Vision Disability:**
    - California Optometric Association – Visual Disabilities: https://www.coavision.org/
    - World Health Organization (WHO) – Blindness and Vision Impairment: https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment
- **Ventriculoperitoneal (VP) Shunt:**
    - Johns Hopkins Medicine – Hydrocephalus and VP Shunts: https://www.hopkinsmedicine.org/neurology_neurosurgery/centers_clinics/cerebral-fluid/procedures/shunts.html
    - Memorial Sloan Kettering Cancer Center – About Your Ventriculoperitoneal (VP) Shunt Surgery: https://www.mskcc.org/cancer-care/patient-education/about-your-ventriculoperitoneal-vp-shunt-surgery
    - MedlinePlus – Ventriculoperitoneal Shunting: https://medlineplus.gov/ency/article/003019.htm

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SECTION 15
ADDENDUM



**** THE FEDERAL GUIDANCE AND UPDATES IN THE FOLLOWING PAGES WERE PROVIDED FROM EACH OF THE RESPECTIVE ARTICLES RELEASED BY THE US DEPARTMENT OF EDUCATION AND HUMAN SERVICES****

HOW TO USE THIS SOURCE LIST

Use primary government and standards sources whenever possible. Confirm the current version before relying on a statute, rule, standard, or guidance document. Links below were last verified in September 2026.

FEDERAL AUTHORITIES

U.S. Department of Education — Individuals with Disabilities Education Act

U.S. Department of Education — § 504 resources

U.S. Department of Justice — ADA requirements for service animals

U.S. Department of Education — FERPA guidance

U.S. Department of Education – IDEA and FERPA Crosswalk

U.S. Department of Education — McKinney-Vento program

National Highway Traffic Safety Administration — school bus safety

Federal Motor Vehicle Safety Standards

COLORADO AUTHORITIES

Colorado Department of Education — school transportation regulations

Colorado Secretary of State — Code of Colorado Regulations

1 CCR 301-26 — Rules for the Operation, Maintenance, and Inspection of School Transportation Vehicles

1 CCR 301-45 — Protection of Students from Restraint and Seclusion

Colorado General Assembly — enacted HB25-1248

Colorado child passenger safety law — C.R.S. § 42-4-236

Colorado Department of Education — School Nursing and Health

Colorado Department of Regulatory Agencies — Board of Nursing

U.S. CONSTITUTION

14th Amendment

The Fourteenth Amendment provides that no state may deny any person(s) within its jurisdiction equal protection under the law. All people must be treated equally.

Amendment XIV

Section 1.

All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the state wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws. ("U.S. Constitution - Fourteenth Amendment - Congress")

HEAD START ACT – 45 CFR 1303, SUBPART – TRANSPORTATION

Subpart F—Transportation

§ 1303.70

Purpose.

(a) *Applicability.* This rule applies to all agencies, including those that provide transportation services, with the exceptions and exclusions provided in this section, regardless of whether such transportation is provided directly on agency-owned or leased vehicles or through arrangement with a private or public transportation provider.

(b) *Providing transportation services.* (1) If a program does not provide transportation services, either for all or a portion of the children, it must provide reasonable assistance, such as information about public transit availability, to the families of such children to arrange transportation to and from its activities, and provide information about these transportation options in recruitment announcements.

(2) A program that provides transportation services must make reasonable efforts to coordinate transportation resources with other human services agencies in its community in order to control costs and to improve the quality and the availability of transportation services.

(3) A program that provides transportation services must ensure all accidents involving vehicles that transport children are reported in accordance with applicable state requirements.

(c) *Waiver.* (1) A program that provides transportation services must comply with all provisions in this subpart. A Head Start program may request to waive a specific requirement in this part, in writing, to the responsible HHS official, as part of an agency's annual application for financial assistance or amendment and must submit any required documentation the responsible HHS official deems necessary to support the waiver. The responsible HHS official is not authorized to waive any requirements with regard to

children enrolled in an Early Head Start program. A program may request a waiver when:

(i) Adherence to a requirement in this part would create a safety hazard in the circumstances faced by the agency; and,

(ii) For preschool children, compliance with requirements related to child restraint systems at §§ 1303.71(d) and 1303.72(a)(1) or bus monitors at § 1303.72(a)(4) will result in a significant disruption to the program and the agency demonstrates that waiving such requirements is in the best interest of the children involved.

(2) The responsible HHS official is not authorized to waive any requirements of the Federal Motor Vehicle Safety Standards (FMVSS) made applicable to any class of vehicle under 49 CFR part 571.

§ 1303.71

Vehicles.

(a) *Required use of schools buses or allowable alternative vehicles.* A program, with the exception of transportation services to children served under a home-based option, must ensure all vehicles used or purchased with grant funds to provide transportation services to enrolled children are school buses or allowable alternate vehicles that are equipped for use of height- and weight-appropriate child restraint systems, and that have reverse beepers.

(b) *Emergency equipment.* A program must ensure each vehicle used in providing such services is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguisher, and first aid kit.

(c) *Auxiliary seating.* A program must ensure any auxiliary seating, such as temporary or folding jump seats, used in vehicles of any type providing such services are built into the vehicle by the manufacturer as part of its standard design, are maintained in proper working order, and are inspected as part of the annual inspection required under paragraph (e)(2)(i) of this section.

(d) *Child restraint systems.* A program must ensure each vehicle used to transport children receiving such services is equipped for use of age-, height- and weight-appropriate child safety restraint systems as defined in part 1305 of this chapter.

(e) *Vehicle maintenance.* (1) A program must ensure vehicles used to provide such services are in safe operating condition at all times.

(2) The program must:

(i) At a minimum, conduct an annual thorough safety inspection of each vehicle through an inspection program licensed or operated by the state;

(ii) Carry out systematic preventive maintenance on vehicles; and

(iii) Ensure each driver implements daily pre-trip vehicle inspections.

(f) *New vehicle inspection.* A program must ensure bid announcements for school buses and allowable alternate vehicles to transport children in its program include correct specifications and a clear statement of the vehicle's intended use. The program must ensure vehicles are examined at delivery to ensure they are equipped in accordance with the bid specifications and that the manufacturer's certification of compliance with the applicable FMVSS is included with the vehicle.

§ 1303.72

Vehicle operation.

(a) *Safety.* A program must ensure:

(1) Each child is seated in a child restraint system appropriate to the child's age, height, and weight;

(2) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times;

(3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route; and,

(4) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.

(b) *Driver qualifications.* A program, with the exception of transportation services to children served under a home-based option, must ensure drivers, at a minimum:

(1) In states where such licenses are granted, have a valid Commercial Driver's License (CDL) for vehicles in the same class as the vehicle the driver will operating; and,

(2) Meet any physical, mental, and other requirements as necessary to perform job-related functions with any necessary reasonable accommodations.

(c) *Driver application review.* In addition to the applicant review process prescribed § 1302.90(b) of this chapter, a program, with the exception of transportation services to

children served under a home-based option, must ensure the applicant review process for drivers includes, at minimum:

(1) Disclosure by the applicant of all moving traffic violations, regardless of penalty;

(2) A check of the applicant's driving record through the appropriate state agency, including a check of the applicant's record through the National Driver Register, if available;

(3) A check that drivers qualify under the applicable driver training requirements in the state or tribal jurisdiction; and,

(4) After a conditional employment offer to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.

(d) *Driver training.* (1) A program must ensure any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year.

(2) Training must include:

(i) Classroom instruction and behind-the-wheel instruction sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, and to handle emergency situations, including vehicle evacuation, operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary; and,

(ii) Instruction on the topics listed in § 1303.75 related to transportation services for children with disabilities.

(3) A program must ensure the annual evaluation of each driver of a vehicle used to provide such services includes an on-board observation of road performance.

(e) *Bus monitor training.* A program must train each bus monitor before the monitor begins work, on child boarding and exiting procedures, how to use child restraint systems, completing any required paperwork, how to respond to emergencies and emergency evacuation procedures, how to use special equipment, child pick-up and release procedures, how to conduct and pre- and post-trip vehicle checks. Bus monitors are also subject to staff safety training requirements in § 1302.47(b)(4) of this chapter including Cardio Pulmonary Resuscitation (CPR) and first aid.

§ 1303.73

Trip routing.

(a) A program must consider safety of the children it transports when it plans fixed routes.

(b) A program must also ensure:

(1) The time a child is in transit to and from the program must not exceed one hour unless there is no shorter route available or any alternative shorter route is either unsafe or impractical;

(2) Vehicles are not loaded beyond maximum passenger capacity at any time;

(3) Drivers do not back up or make U-turns, except when necessary for safety reasons or because of physical barriers;

(4) Stops are located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle;

(5) When possible, stops are located to eliminate the need for children to cross the street or highway to board or leave the vehicle;

(6) Either a bus monitor or another adult escorts children across the street to board or leave the vehicle if curbside pick-up or drop off is impossible; and,

(7) Drivers use alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line breaks, or emergency road closing.

§ 1303.74

Safety procedures.

(a) A program must ensure children who receive transportation services are taught safe riding practices, safety procedures for boarding and leaving the vehicle and for crossing the street to and from the vehicle at stops, recognition of the danger zones around the vehicle, and emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding.

(b) A program that provides transportation services must ensure at least two bus evacuation drills in addition to the one required under paragraph (a) of this section are conducted during the program year.

§ 1303.75

Children with disabilities.

(a) A program must ensure there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not

apply to the transportation of children receiving home-based services unless the grantee uses school buses or allowable alternate vehicles to transport the other children served under the home-based option. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.

(b) A program must ensure special transportation requirements in a child's IEP or IFSP are followed, including special pick-up and drop-off requirements, seating requirements, equipment needs, any assistance that may be required, and any necessary training for bus drivers and monitors.

COLORADO REVISED STATUTES

C.R.S. 22-1-102

(1) "Every public school shall be open for the admission of all children, between the ages of five and twenty-one years, residing in that district without the payment of tuition." (“Student Attendance FAQ | CDE”) The board of education shall have power to admit adults and children not residing in the district if it sees fit to do so and to fix the terms of such admission.

(2) "A child shall be deemed to reside in a school district if:" (“EDUCATION - PUBLIC SCHOOLS”)

(a) Both his or her parents, or the survivor of them, or the one of them with whom such child resides a majority of the time pursuant to an order of any court of competent jurisdiction, resides in the school district.

(b) The legally appointed guardian of his person resides in the school district.

(c) After emancipation by his parents, or the survivor thereof, from their or his control, and he has no guardian, he lives within the school district.

(d) In the judgment of the board of education of the school district wherein the child lives, the child has been abandoned by his parents.

(e) The child has become permanently dependent for his maintenance and support on someone other than his nonresident parents, or upon any charitable organization, if the dependent child is actually to make his home and receive his support within the school district where he desires to attend.

(f) If one of the child's parents or the guardian of his person is a public officer or employee living temporarily for the performance of his duties in a school

district other than that of his residence. Unless the parents of a child are permanently separated, the residence of the husband shall be deemed to be the residence of the child, but, if the parents have permanently separated, the residence of the child shall be that of the parent with whom the child actually lives.

(g) Regardless of the residence of the parents, if any, the child adopts a dwelling place within the district with the intent to remain there indefinitely and with the intent not to return to the dwelling place from which he came, and regularly eats or sleeps there, or both, during the entire school year as defined in section 22-1-112; but the child shall be deemed not to have the requisite intent if he regularly returns to another dwelling place during summer vacations or weekends; ("Section 22-1-102 - Residence of child, Colo. Rev. Stat. - Casetext")

(h) The child is found to be homeless pursuant to the provisions of section 22-1-102.5 and the child presently seeks shelter or is located in the school district; except that a homeless child shall be deemed to reside in another school district if the child attended school in such school district at the time the child became homeless, the child remains homeless, the affected school districts find that attendance in such other school district is in the best interests of the child pursuant to section 22-33-103.5, and the child chooses to continue attendance in such other school district;

(i) The child is found to have become homeless pursuant to the provisions of section 22-1-102.5 during a period that school is not in session, the child remains homeless, and the child presently seeks shelter or is located in the school district; except that the child shall be deemed to reside in another school district if the child attended school in such school district immediately prior to the time the child became homeless, the child remains homeless, the affected school districts find that attendance in such other school district is in the best interests of the child pursuant to section 22-33- 103.5, and the child chooses to continue attendance in such other school district.

(3) School districts shall follow the procedures specified in section 22-33-103.5 in determining where a homeless child shall attend school and the educational services provided to homeless children.

C.R.S. 22-1-102.5

(1) The general assembly hereby finds and declares that, because of the growing number of children and families who are homeless in Colorado, there is a need to

ensure that all homeless children receive a proper education. It is the intent of the general assembly that no child shall be denied the benefits of a free education in the public schools because the child is homeless.

(2) (a) As used in this article, unless the context otherwise requires, "homeless child" means:

(I) A school-aged child who lacks a fixed, regular, and adequate nighttime residence, including but not limited to:

(A) A child who is living in a motel, hotel, or camping ground due to a lack of alternative adequate accommodations.

(B) A child who is living in an emergency or transitional shelter.

(C) A child who is abandoned in a hospital; and

(D) A child awaiting foster care placement; or

(II) A school-aged child who has a primary nighttime residence that is:

(A) A supervised, publicly, or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for persons with mental illness.

(B) An institution that provides a temporary residence for individuals intended to be institutionalized; or

(C) A public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings, including but not limited to an automobile, a park, an abandoned building, a bus or train station, or a similar setting.

(b) "Homeless child" shall not include any individual imprisoned or otherwise detained pursuant to an act of Congress or a state law.

(c) "Homeless child" shall include a migrant school-aged child who meets the requirements of this subsection (2).

(d) "Homeless child" shall include a school-aged child who meets the requirements of this subsection (2) who is not in the physical custody of a parent or legal guardian.

C.R.S. 22-1-123

(1) As used in this section, "education records" and "directory information" shall have the same meanings as those terms are defined in the federal "Family Educational Rights and Privacy Act of 1974", as amended, 20 U.S.C. sec. 1232g and "education records" shall include an individualized education program.

(2) A school district shall comply with the provisions of 20 U.S.C. sec. 1232g (a) and 34 CFR 99 if a parent or legal guardian of a student either requests the education records of the student or requests an amendment or other change to the education records after reviewing them.

(3) A school district shall not release the education records of a student to any person, agency, or organization without the prior written consent of the parent or legal guardian of the student except as otherwise permitted in 20 U.S.C. sec. 1232g (b).

(4) A school district shall not release directory information to any person, agency, or organization without first complying with the provisions of 20 U.S.C. sec. 1232g (a)(5)(B) related to allowing a parent or legal guardian to prohibit such release without prior consent.

(5) (a) A school district shall comply with 20 U.S.C. sec. 1232h. A school or school district employee who requires participation in a survey, assessment, analysis, or evaluation in a public school's curriculum or other official school activity shall obtain the written consent of a student's parent or legal guardian before giving the student any survey, assessment, analysis, or evaluation intended to reveal information, whether the information is personally identifiable or not, concerning the student or the student's parent's or legal guardian's:

(I) Political affiliations.

(II) Mental and psychological conditions potentially embarrassing to the student or the student's family.

(III) Sexual behavior and attitudes.

(IV) Illegal, anti-social, self-incriminating, or demeaning behavior.

(V) Critical appraisals of individuals with whom a student has close family relationships.

(VI) Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and members of the clergy.

(VII) Income, except as required by law.

(VIII) Social security number; or

(IX) Religious practices, affiliations, or beliefs.

(b) The requirement of written consent pursuant to this subsection (5) applies throughout a public school's curriculum and other school activities; except that the requirement of written consent does not apply to a student's participation in an assessment administered pursuant to part 10 of article 7 of this title. In implementing this subsection (5), the school or school district and employees shall ensure that their first responsibility is to students and their parents and shall allow only minimal use of students' academic time by institutions, agencies, or organizations outside the school or school district to gather information from students.

(c) Written consent pursuant to this subsection (5) is valid only if the school district has given a parent or legal guardian written notice of the survey, assessment, analysis, or evaluation, has made a copy of the document available for viewing at convenient locations and times, and has given the parent or legal guardian at least two weeks, after receipt of the written notice, to obtain written information concerning:

(I) Records or information that may be examined and requested in the survey, analysis, or evaluation.

(II) The means by which the records or information shall be examined, reviewed, or disseminated.

(III) The means by which the information is to be obtained.

(IV) The purposes for which the records or information is needed.

(V) The entities or persons, regardless of affiliation, who will have access to the information; and

(VI) A method by which a parent or legal guardian of a student can grant or deny permission to access or examine the records or information.

(d) Nothing in this subsection (5) shall be construed to prevent a public-school employee from reporting known or suspected child abuse or neglect pursuant to section 19-3-304, C.R.S.

(e) Nothing in this subsection (5) shall be construed to prevent a student who is working under the supervision of a journalism teacher or sponsor from preparing or participating in a survey, analysis, or evaluation without obtaining the written consent of such student's parent or legal guardian as long as such participation without parental consent is not otherwise prohibited by federal law.

(f) Nothing in this subsection (5) shall be construed to limit the ability of a health professional who is acting as an agent of the school district from evaluating an individual child.

(g) Nothing in this subsection (5) limits the ability of a school district to administer a suicide assessment or threat assessment.

(6) If a school district sends a form to a parent or legal guardian requesting written consent for the school district to release personally identifiable information concerning that parent's or legal guardian's child in education records other than directory information, such consent shall be valid under this section only if the form contains notice to the parent or legal guardian regarding:

(a) The specific records to be released.

(b) The specific reasons for such a release.

(c) The specific identity of any person, agency, or organization requesting such information and the intended uses of the information.

(d) The method or manner by which the records will be released; and

(e) The right to review or to receive a copy of the relevant records to be released.

(7) (a) Consent for release of information pursuant to this section shall be valid only for the specific instance for which it was given.

(b) A general consent for a student to participate in any course or part of a course, in a school activity, in any special education program, or in any other school program does not constitute written consent pursuant to this section.

(c) Consent forms obtained pursuant to this section shall be retained by the school district.

(8) Any right accorded to a parent or legal guardian pursuant to this section shall transfer to the relevant student when that student attains the age of eighteen years.

(9) A school district shall, at the beginning of each academic year, provide a parent or

legal guardian of each student in the school district with written notice of the rights contained in this section.

(10) The provisions of this section shall apply to any public school in the state, regardless of whether the public school receives any federal funds.

(11) The state board of education shall adopt such rules as may be necessary to implement this section.

(12) If an individual licensed, certified, endorsed, or authorized by the state board is found by the state board to have knowingly and intentionally violated the provisions of this section, the department of education may suspend or revoke such individual's license, master certificate, endorsement, or authorization for a period not less than ninety days.

(13) Nothing in this section shall be construed to prevent a school or a school district from releasing education records to the extent authorized by 20 U.S.C. sec. 1232g (b) and any other applicable federal law.

C.R.S. 22-32-109.1(z)

(z) To provide for a periodic in-service program for all district teachers and staff which shall provide information about the “Child Protection Act of 1987”, part 3 of article 3 of title 19 C.R.S., instruction designed to assist teachers in recognizing child abuse or neglect, and instruction designed to provide teachers and staff with information on how to report suspected incidents of child abuse or neglect and how to assist the child-victim and his/her family.

C.R.S. 22-32-109.3

(1) Except as otherwise provided in subsections (2) and (3) of this section, each school district, as required under section 24-72-204(3) C.R.S., shall maintain the confidentiality of the addresses and telephone numbers of students enrolled in public elementary and secondary schools within the school district and any medical, psychological, sociological, and scholastic achievement data collected concerning individual students.

(2) Notwithstanding the provisions of subsection (1) of this section, the address and telephone number and any medical, psychological, sociological, and scholastic achievement data concerning any student are released only under the following conditions:

a. As provided in section 24-72-204(3) C.R.S.

b. To district or municipal court personnel, the division of youth services, county departments of human or social services, the youthful offender system, and any other juvenile justice agency within fifteen days after receipt by the school district of a court order authorizing release of such information.

Notwithstanding the provisions of subsection (1) of this section, either the principal of a school, or such principal's designee, or, if the student is enrolled in a public school, the superintendent of a school district in which the student is enrolled, or such superintendent's designee, shall provide attendance and disciplinary records to a criminal justice agency pursuant to the provisions of section 19-1-303(2) C.R.S.

C.R.S. 22-15.5

22-15.5-102

As used in this article 15.5, unless the context otherwise requires:

(1) "Chemical restraint" means involuntary administration of medication to a student for the purpose of restraining the student; except that "chemical restraint" does not include administering prescription medication that is regularly administered to the student for medical treatment other than to restrain the student's freedom of movement, including asthma corticosteroid, mood disorder medication, insulin, or glucagon, or administering medication for voluntary or life-saving medical procedures, including epinephrine or diazepam.

(2) "Emergency" means a serious, probable, imminent threat of bodily harm to self or others when there is the present ability to effect such bodily harm.

(3) "IEP team" has the same meaning as described in section 22-20-108.

(4) "Individualized education program" or "IEP" has the same meaning as set forth in section 22-20-103.

(5) "Local education provider" means a school district, a charter school authorized by a school district pursuant to part 1 of article 30.5 of this title 22, a charter school authorized by the state charter school institute pursuant to part 5 of article 30.5 of this title 22, or a board of cooperative services created and operating pursuant to article 5 of this title 22 that operates one or more public schools.

(6) "Mechanical restraint" means a physical device used to restrict a student's voluntary freedom of movement or the movement or normal function of a portion of their body. "Mechanical restraint" does not include:

(a) A device that is recommended for the student by a physician, occupational therapist, or physical therapist; is agreed to for use by the student, by the student's IEP team, or

by the student's § 504 team; and is used in accordance with the student's IEP or § 504 plan;

(b) A protective device that is used to prevent a student from self-harm, is agreed to for use by the student by the student's IEP team or § 504 team, and is used in accordance with the student's IEP or § 504 plan. The protective device may include a helmet or mitts.

(c) An adaptive device that is used to facilitate instruction or therapy for the student that is recommended for the student by a physician, occupational therapist, or physical therapist; is agreed to for use by the student by the student's IEP team or § 504 team; and is used in accordance with the student's IEP or § 504 plan; or

(d) A positioning or securing device that is used to facilitate the student's medical treatment that is recommended for the student by a physician, occupational therapist, or physical therapist; is agreed to for use by the student by the student's IEP team or § 504 team; and is used in accordance with the student's IEP or § 504 plan.

(7) "Physical restraint" means the use of bodily, physical force to limit a student's voluntary freedom of movement for more than one minute; except that "physical restraint" does not include:

(a) A physical intervention administered on a student that lasts one minute or less for the protection of a student, others, or property;

(b) The holding of a student by an adult for the purpose of calming or comforting the student;

(c) Minimal physical contact for the purpose of safely escorting a student from one place to another; or

(d) Minimal physical contact for the purpose of assisting a student with a task or response.

(8) "Prone restraint" means a restraint in which the student who is being restrained is secured in a face-down position.

(9) "Restraint" means a method or device that is used to limit a student's voluntary freedom of movement. "Restraint" includes seclusion, chemical restraint, mechanical restraint, and physical restraint.

(10)

(a) "Seclusion" means the placement of an individual alone in a room or area from which egress is prevented. "Seclusion" is a form of restraint.

(b) “Seclusion” does not include a time-out, which is the removal of a student from a potentially rewarding situation, or from a situation that would otherwise produce negative reinforcement. A time-out does not prevent a student’s egress.

(11) “§ 504 plan” has the same meaning as set forth in section 22-20-123 (2).

(12) “§ 504 team” has the same meaning as set forth in section 22-20-123 (2).

22-15.5-104

(1) A local education provider that, or a local education provider’s employee or agent who, uses a restraint shall ensure that:

(a) A physical restraint of a student does not place excess pressure on the chest or back of the student or inhibit or impede the student’s ability to breathe; and

(b) During the physical restraint of a student, the student’s breathing is not compromised.

(2) A local education provider’s employee or agent shall provide the student relief periods from seclusion for reasonable access to toilet facilities.

(3) A local education provider’s employee or agent shall release the student in physical restraint within fifteen minutes after the initiation of the physical restraint, except when it would be unsafe to do so.

22-15.5-105

(1) A local education provider that uses restraint shall ensure that employees and agents who are involved in using restraint in its facilities or programs are trained in the appropriate use of restraint.

(2) A local education provider that uses restraint shall ensure that all employees and agents who are involved in using restraint in its facilities or programs are trained to explain the use of restraint to the student who is to be restrained and to the student’s family.

U.S. Department of Health

U.S. Department of Education and Human Services

JOINT GUIDANCE ON THE APPLICATION OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) TO STUDENT HEALTH RECORDS

December 2019 Update
(First Updated November 2008)

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Introduction

The purpose of this guidance is to explain the relationship between the Family Educational Rights and Privacy Act (FERPA) statute and implementing regulations and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This document updates and expands on prior guidance to help address potential confusion on the part of school administrators, health care professionals, and others on how FERPA and HIPAA apply to records maintained on students. It also addresses certain disclosures that are allowed without the written consent of the parent or eligible student under FERPA or without authorization under the HIPAA Privacy Rule, especially those related to emergency health or safety situations. While this guidance seeks to answer many questions that school officials, parents, and others may have about the intersection of these Federal laws, ongoing discussions may raise additional questions. Contact information for submitting additional questions or suggestions for purposes of informing future guidance is provided at the end of this document. The U.S. Departments of Education and Health and Human Services are committed to a continuing dialogue on these important matters affecting the safety and security of our nation's schools, students, and communities.

Note: This guidance does not have the force and effect of law and is not meant to bind the public in any way. Instead, it is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

Overview of FERPA

FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of students' "education records." FERPA affords parents certain rights with respect to their children's education records maintained by educational agencies and institutions and their agents to which FERPA applies. These include the right to access their children's education records, the right to seek to have these records amended, and the right to provide consent for the disclosure of personally identifiable information (PII) from these records, unless an exception to consent applies. *See* 34 CFR Part 99, Subparts B, C, and D. These rights transfer to the student when the student reaches the age of 18 years or attends a postsecondary institution at any age, thereby becoming an "eligible student" under FERPA. 20 U.S.C. §1232g(d); 34 CFR §§ 99.3 (definition of "eligible student") and 99.5(a)(1).

FERPA applies to educational agencies and institutions that receive Federal funds under any program administered by the U.S. Department of Education. 20 U.S.C. §§ 1221(c)(1) and 1232g(a)(3); 34 CFR § 99.1(a). If an educational agency or institution receives Federal funds under one or more of these programs, FERPA applies to the recipient as a whole, including each of its components, such as a department within a

university. 34 CFR § 99.1(d). The term “educational agency or institution” generally refers to public elementary and secondary schools, school districts, and postsecondary institutions, including medical and other professional schools. Private and religious schools at the elementary and secondary levels generally do not receive funds from the U.S. Department of Education and are, therefore, not subject to FERPA.

An educational agency or institution subject to FERPA may not disclose the education records, or PII from education records, of a student without the prior written consent of a parent or the student if the student is an “eligible student,” unless an exception applies. 20 U.S.C. §§ 1232g (b)(1) and (b)(2); 34 CFR §§ 99.30 and 99.31. FERPA contains several exceptions to the general consent requirement which are set forth in 20 U.S.C. §§ 1232g(b)(1), (b)(2), (b)(3), (b)(5), (b)(6), (h), (i), and (j), and 34 CFR § 99.31. For example, educational agencies and institutions can disclose PII from a student’s education records, including health and medical information, to teachers and other school officials within the school, without prior written consent, if these school officials have been determined to have “legitimate educational interests” in the education records, pursuant to criteria set forth in the school’s annual notification of FERPA rights. 20 U.S.C. § 1232g(b)(1)(A); 34 CFR §§ 99.7(a)(3)(iii) and 99.31(a)(1)(i)(A). Educational agencies and institutions can also disclose PII from a student’s education records, without prior written consent, to appropriate parties in connection with an emergency, if these parties’ knowledge of the information is necessary to protect the health or safety of the student or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 CFR §§ 99.31(a)(10) and 99.36.

The term “education records” is defined to mean, with certain exceptions, those records that are:

(1) directly related to a student, and

(2) maintained by an educational agency or institution or by a party acting for the agency or institution. 20 U.S.C. § 1232g(a)(4)(A); 34 CFR § 99.3 (definition of “education records”). For instance, a student’s health records, including immunization records, maintained by an educational agency or institution (such as by an elementary or secondary school nurse) would generally constitute education records subject to FERPA.

Records that educational agencies and institutions maintain on children with disabilities, including records of children referred under the Individuals with Disabilities Education Act (IDEA), are also covered as education records under both FERPA and IDEA. IDEA includes confidentiality provisions that are similar to, but broader than, FERPA to protect the privacy of PII in the early intervention or education records of children referred to the IDEA. *See* 20 U.S.C. §1417(c) and for children ages 3 through

21 the IDEA Part B regulations at 34 CFR §§ 300.610- 300.626 and for children with disabilities under the age of three the IDEA Part C regulations at 34 CFR §§ 303.400 – 303.416. The IDEA Part B and C confidentiality provisions contain informed parent consent and notice provisions that are separate from FERPA and permit disclosure of PII without parent consent to officials of participating agencies (as defined separately within the IDEA Part B and C regulations). The IDEA regulations contain additional exceptions and generally incorporate the FERPA exceptions to the prior consent requirements.

For a comparison of the FERPA and IDEA confidentiality provisions, please refer to Department technical assistance guidance entitled, "IDEA and FERPA Confidentiality Provisions" available at: https://studentprivacy.ed.gov/resources/ferpaidea-cross-walk.

Under FERPA, "treatment records," as they are commonly called, are excluded from the definition of "education records." Treatment records are: records on a student who is eighteen years of age or older, or is attending an institution of postsecondary education, which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or bus attendant acting in his professional or bus attendant capacity, or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice. 20 U.S.C. § 1232g(a)(4)(B)(iv); 34 CFR § 99.3 (definition of "education records"). Assuming certain conditions are satisfied, treatment records may include, for instance, a student's health or medical records that a college's psychologist maintains solely in connection with providing treatment to the student. An educational agency or institution may only disclose an eligible student's treatment records to individuals who are providing treatment to the student (including health care professionals who are not part of, nor acting on behalf of, the educational agency or institution (e.g., third-party health care providers)), and a physician or other appropriate professional of the student's choice. *Id.* For all other disclosures of an eligible student's treatment records, an educational agency or institution must obtain the student's prior written consent or satisfy one of the exceptions to FERPA's general written consent requirement, as the records would no longer qualify as "treatment records" (and thereby be excluded from the definition of "education records") and, instead, become subject to all other FERPA requirements. FERPA's implementing regulations and other helpful information about FERPA can be found at: https://studentprivacy.ed.gov/resources/family-educational-rights-and-privacy-act-regulations-ferpa.

Overview of HIPAA

Congress enacted HIPAA in 1996 to, among other things, improve the efficiency and effectiveness of the health care system through the establishment of national standards and requirements for electronic health care transactions and to protect the privacy and security of individually identifiable health information. Collectively, these are known as the HIPAA Administrative Simplification provisions, and the U.S. Department of Health and Human Services has issued a suite of rules, including the Privacy Rule, to implement these provisions. Entities subject to the HIPAA Administrative Simplification Rules (known as the HIPAA Rules) (*see* 45 CFR Parts 160, 162, and 164), called "covered entities," are health plans, health care clearinghouses, and health care providers that transmit health information in electronic form in connection with covered transactions. *See* 45 CFR § 160.103. "Health care providers" include institutional providers of health or medical services, such as hospitals, as well as non- institutional providers, such as physicians, dentists, and other practitioners, along with any other person or organization that furnishes, bills, or is paid for health care in the normal course of business. Covered transactions are those for which the U.S. Department of Health and Human Services has adopted a standard, such as health care claims submitted to a health plan. *See* 45 CFR § 160.103 (definitions of "health care provider" and "transaction") and 45 CFR Part 162, Subparts K–R. Once a health care provider becomes a covered entity, the HIPAA Privacy Rule applies to the individually identifiable health information held by, or on behalf of, the health care provider as a health care provider.

The HIPAA Privacy Rule requires covered entities to protect individuals' health records and other personal health information the entities maintain or transmit, known as protected health information (PHI), by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients certain rights with respect to their health information, including rights to examine and obtain a copy of their health records, and to request corrections (amendments).

HIPAA Disclosures that are Relevant in Emergency Situations

Where the HIPAA Privacy Rule applies, it permits covered entities to disclose PHI without patient authorization in certain circumstances, including emergency or other situations. Examples of such permitted disclosures include:

- **Disclosures for Treatment:** Covered entities may disclose, without a patient's authorization, PHI about the patient as necessary to treat the patient or to treat another person (who might be, for example, affected by the same emergency situation). Treatment includes the coordination or

management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. *See* 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at § 164.501.

- **Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification:** Covered entities are permitted to share PHI with family members (or other caregivers) that is directly relevant to the involvement of a family member in the patient's health care or payment for care if, when given the opportunity, the patient does not object to the disclosure. A covered entity also may share this information with such a family member when the patient is not present—or when it is impracticable, because of emergency circumstances or the patient's incapacity, for the covered entity to ask the patient about sharing information with a family member—if it determines, in the exercise of professional judgment, that doing so would be in the best interest of the patient. *See* 45 CFR § 164.510(b).

  A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include situations where it is necessary to notify family members and others, the police, the press, or the public at large. *See* 45 CFR § 164.510(b).

- **Disclosures to Prevent a Serious and Imminent Threat:** Health care providers may share PHI with anyone as necessary to prevent or lessen a serious and imminent threat to the health or safety of the individual, another person, or the public – consistent with applicable law (such as State statutes, regulations, or case law) and the provider's standards of ethical conduct. This permission includes the sharing of psychotherapy notes, which otherwise receive special protection under the Privacy Rule. *See* 45 CFR § 164.508(a)(2). Thus, without a patient's authorization or agreement, health care providers may disclose a patient's health information to anyone who is in a position to prevent or lessen the threatened harm, including family, friends, caregivers, and law enforcement. The HIPAA Privacy Rule expressly presumes the good faith of health care providers in their determination of the nature and severity of the threat to health or safety and the need to disclose information. *See* 45 CFR § 164.512(j).

Additional information about how HIPAA permits uses and disclosures for emergency

preparedness, planning, and response is available on OCR's website at https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html.

Where FERPA and HIPAA May Intersect

In a few limited circumstances, an educational agency or institution subject to FERPA can also be subject to HIPAA. For instance, a school that provides health care to students in the normal course of business, such as through its health clinic, is also a "health care provider" under HIPAA. If a school that is a "health care provider" transmits any PHI electronically in connection with a transaction for which HHS has adopted a transaction standard, it is then a covered entity under HIPAA. As a covered entity, the school's health care transactions must comply with the HIPAA Transactions and Code Sets Rule (or Transactions Rule).

However, many schools that meet the definition of a HIPAA covered entity do not have to comply with the requirements of the HIPAA Rules because the school's only health records are considered "education records" or "treatment records" under FERPA. *See* 45 CFR § 160.103 (definition of "protected health information"). The HIPAA Privacy Rule specifically excludes from its coverage those records that are protected by FERPA by excluding such records from the definition of "protected health information."

Frequently Asked Questions and Answers: Which Rule Applies?

Does the HIPAA Privacy Rule apply to an elementary or secondary school?

Generally, no. In most cases, the HIPAA Privacy Rule does not apply to an elementary or secondary school because the school either: (1) is not a HIPAA covered entity or (2) is a HIPAA covered entity but maintains health information only on students in records that are "education records" under FERPA and, therefore, not PHI covered by the HIPAA Privacy Rule. In some circumstances, a private school would be required to comply with the HIPAA Privacy Rule when it is a HIPAA covered entity and not subject to FERPA because it does not receive funds from the U.S. Department of Education. Elementary or secondary schools would fall into one of the following categories:

- *The school is not a HIPAA-covered entity*. The HIPAA Privacy Rule only applies to health plans, health care clearinghouses, and those health care providers that transmit health information electronically in connection with certain administrative and financial transactions ("covered transactions"). *See* 45 CFR § 160.102. Covered transactions are those for which the U.S.

Department of Health and Human Services has adopted a standard, such as health care claims submitted to a health plan. *See* the definition of "transaction" at 45 CFR § 160.103 and 45 CFR Part 162, Subparts K–R. Thus, even though a school employs school nurses, physicians, psychologists, or other health care providers, the school is not generally a HIPAA covered entity because the providers do not engage in any of the covered transactions, such as billing a health plan electronically for their services. It is expected that most elementary and secondary schools fall into this category.

- *The school is a HIPAA covered entity but does not have PHI.* Even if a school is a covered entity and must comply with the HIPAA Transactions and Code Sets Rules, the school would not be required to comply with the HIPAA Privacy Rule if it only maintains health information in FERPA "education records." For example, a public high school might employ a health care provider that bills Medicaid electronically for services provided to a student under the IDEA. The school is a HIPAA covered entity because it engages in one of the covered transactions electronically, and therefore, would be subject to the HIPAA transaction standard requirements. However, if the school provider maintains health information only in "education records" under FERPA, the school is not required to comply with the HIPAA Privacy Rule because the Privacy Rule explicitly excludes FERPA "education records." *See* 45 CFR § 160.103 (definition of "protected health information," ¶¶ (2)(i), (ii)). Importantly, although the HIPAA Privacy Rule does not apply, FERPA's and IDEA's privacy requirements do apply, including the requirement to obtain prior written parent or eligible student consent (under 20 U.S.C. §§ 1232g(b)(1) and (b)(2) and 34 CFR §§ 99.30, 300.9 and 300.622) to disclose to Medicaid billing information about a service provided to a student.

- *The school is a HIPAA covered entity and is not subject to FERPA.* Schools that are covered entities and are not subject to FERPA must comply with both the HIPAA transaction requirements and the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules regarding any individually identifiable health information the school has about students and others to whom it provides health care. For example, if a private elementary or secondary school not subject to FERPA employs a physician who bills a health plan electronically for the care provided to students (making the school a HIPAA covered entity), the school must comply with the HIPAA Rules regarding the individually identifiable health information of its patients.

- *Certain private school placements*. Where a student is placed in a private school for the provision of Individualized Education Program (IEP) services on behalf of a school or school district subject to FERPA, the education records of the privately placed student maintained by the private school are subject both to FERPA and to the confidentiality requirements under the IDEA, which incorporate the provisions of FERPA, and not the HIPAA Privacy Rule. The U.S. Department of Education is in the process of preparing a Notice of Proposed Rulemaking to amend the FERPA regulations to add this provision and will provide an opportunity for the public to comment on this proposed amendment.

Does FERPA or HIPAA apply to student health records maintained by a health care provider acting for a FERPA-covered elementary or secondary school that is not employed by the school?

Health records that directly relate to students and are maintained by a health care provider, such as a third-party contractor, acting for a FERPA-covered elementary or secondary school, would qualify as education records subject to FERPA regardless of whether the health care provider is employed by the school.

Conversely, student health records that are maintained by a health care provider that provides services directly to students and that is not acting for a FERPA-covered educational agency or institution do not constitute FERPA-protected education records. For example, the records created and maintained by a public health nurse who provides immunizations to students on a FERPA-covered elementary or secondary school's grounds, but who is not acting for the school, would not qualify as "education records" under FERPA. (Note: If the school wishes to disclose PII from student education records that it maintains to the public health nurse, the school would have to comply with FERPA and obtain prior written parent or eligible student consent or satisfy an exception to FERPA's general consent requirement.)

HIPAA would apply to student records maintained by a health care provider that are not subject to FERPA only if the provider transmits any PHI electronically in connection with a transaction for which HHS has adopted a transaction standard, e.g., health care claims, and the records contain PHI.

Does FERPA or HIPAA apply to records on students at health clinics or other health care facilities run by postsecondary institutions?

FERPA applies to most public and private postsecondary institutions and, thus, to the records on students maintained by the campus health clinics and other health care facilities operated by such institutions. These records will be either education records

or treatment records under FERPA, both of which are excluded from coverage under the HIPAA Rules, even if the school is a HIPAA covered entity. *See* 45 CFR § 160.103 (definition of "protected health information," ¶¶ (2)(i), (ii)).

While the health records of students maintained by postsecondary institutions may be subject to FERPA, if the institution is a HIPAA covered entity and provides health care to nonstudents, the individually identifiable health information of the nonstudent patients is subject to the HIPAA Rules. Thus, for example, postsecondary institutions that are subject to both HIPAA and FERPA and that operate clinics or other health care facilities open to staff, the public, or both (including family members of students) are required to comply with FERPA with respect to the health records (i.e., "education records" or "treatment records") of their student patients, and with the HIPAA Rules with respect to the health records (i.e., PHI) of their nonstudent patients.

Does FERPA or HIPAA apply to records on students who are patients at a university hospital?

Patient records maintained by a hospital affiliated with a university that is subject to FERPA are not typically "education records" or "treatment records" under FERPA because university hospitals generally do not provide health care services to students for the university. Rather, these university hospitals generally provide such services without regard to the person's status as a student and not on behalf of a university. Assuming the hospital is a HIPAA covered entity, these records are subject to all of the HIPAA Rules, including the HIPAA Privacy Rule.

However, in a situation where a hospital does run the student health clinic on behalf of a university, records that the clinic maintains on students would be subject to FERPA, either as "education records" or "treatment records," and not subject to the HIPAA Rules.

Does FERPA or HIPAA apply to the health records of an individual who is both a student and an employee of a university at which the person receives health care?

Health records that directly relate to an individual who is both a student and an employee of a university and that are maintained by the university at which the individual receives health care would be considered "education records" or "treatment records" protected under FERPA; thus, such records would be excluded from coverage under the HIPAA Rules. FERPA defines "education records" as, with certain exceptions, records that are directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution. 20 U.S.C. § 1232g(a)(4)(A); 34 CFR § 99.3 (definition of "education records"). One of the exceptions to this definition of education records excludes certain records relating to

employees of the educational agency or institution. To fall within this exclusion, such records must, among other things, relate exclusively to the individual in his or her capacity as an employee. *See* 20 U.S.C. § 1232g(a)(4)(B)(iii); 34 CFR § 99.3 (definition of "education records"). (Of note, this exclusion also does not apply to records relating to individuals in attendance at the educational agency or institution who are employed as a result of their status as students. 20 U.S.C. § 1232g(a)(4)(B)(iii); 34 CFR § 99.3 (definition of "education records," ¶ (b)(3)(ii)).) The health records that are maintained by a university as part of its provision of health care to a student who is also an employee of a university would not constitute employment records because the health records would not relate exclusively to the individual in his or her capacity as an employee but also would relate to the individual in his or her capacity as a student. Thus, such records would be covered as education records by FERPA and thus would not be covered by the HIPAA Rules.

Are all student records maintained by a health clinic within a postsecondary institution considered "treatment records" under FERPA?

No. Not all records on eligible students that are maintained by a college- or university-run health clinic are treatment records under FERPA because, among other things, many such records are not made, maintained, or used only in connection with the treatment of the students. For example, billing records that a college- or university-run health clinic maintains on a student are not solely made, maintained, and used in connection with the treatment of the student and, therefore, would constitute "education records," not "treatment records," under FERPA, the disclosure of which would require prior written consent from the eligible student unless an exception applies. In addition, records relating to the treatment of a student that the college- or university-run health clinic maintains and discloses to persons other than those providing treatment to the student, or physicians or other appropriate professionals of the student's choice, are "education records," not "treatment records," under FERPA.

Can a postsecondary institution be a "hybrid entity" under the HIPAA Privacy Rule?

Yes. A postsecondary institution that is a HIPAA covered entity may have health information to which the Privacy Rule may apply not only in the health records of nonstudents in the health clinic, but also in records maintained by other components of the institution, such as a law enforcement unit or research department, where such records are not education records or treatment records under FERPA. In such cases, the institution, as a HIPAA covered entity, has the option of becoming a "hybrid entity" and, thus, have the HIPAA Privacy Rule apply only to its health care unit. The school can achieve hybrid entity status by designating the health unit as its "health care component." As a hybrid entity, any individually identifiable health information maintained by other components of the university (i.e., outside of the health care

component), such as a law enforcement unit, or a research department, would not be subject to the HIPAA Privacy Rule, notwithstanding that these components of the institution might maintain records that are not “education records” or “treatment records” under FERPA.

To become a hybrid entity, the covered entity must designate and include in its health care component(s) all components that would meet the definition of a covered entity (or business associate) if they were separate legal entities. However, the hybrid entity is not permitted to include in its health care component other types of components that do not perform the covered functions of the covered entity or components that do not perform support activities for the components performing covered functions. That is, components that do not perform health plan, health care provider, or health care clearinghouse functions, and components that do not perform activities in support of these functions (as would a business associate of a separate legal entity) may not be included in a health care component(s). Within the hybrid entity, most of the HIPAA Privacy Rule requirements apply only to the health care component(s), although the hybrid entity retains certain oversight, compliance, and enforcement obligations. *See* 45 CFR § 164.105 of the Privacy Rule for more information. *See* also https://www.hhs.gov/hipaa/for- professionals/faq/522/can-a-postsecondary-institution-be-a-hybrid-entity-under-hipaa/index.html for additional information about hybrid entities under the HIPAA Privacy Rule.

Frequently Asked Questions and Answers: What information can be shared?

Where HIPAA applies, when an individual reaches the age of majority or becomes emancipated, who controls the PHI concerning health care services rendered while the individual was an unemancipated minor?

The individual who is the subject of the PHI can exercise, with limited exceptions, all rights granted by the HIPAA Privacy Rule with respect to all PHI about him or her, including information obtained while the individual was an unemancipated minor, consistent with State or other law. Generally, State laws provide that parents are the personal representatives of minor children until such time as the child reaches the age of majority or becomes emancipated.

Parents of adult children or emancipated minors generally are not treated as personal representatives and, therefore, cannot exercise the rights of their children under HIPAA. Of course, any individual can designate a personal representative – which may include a parent – who can exercise rights on his or her behalf.

For example, if parents wanted to provide a specialist with an adult child’s medical records from the family doctor, HIPAA would govern whether the parent could obtain

said records from the family doctor. Under the HIPAA Privacy Rule, the parent could provide the doctor with a HIPAA authorization signed by the adult child, or have the adult child exercise the HIPAA right of access to direct the family doctor to send the records to the parent.

Where HIPAA applies, when can a health care provider share an adult child's PHI with a parent if the adult child has not signed an authorization or asked the provider to send a copy of their records to the parent?

HIPAA allows health care professionals to disclose some health information without a patient's authorization or agreement under certain circumstances, as described below.

- **Caregivers**. When the patient has not objected, and the provider shares health information with a caregiver that is directly related to the caregiver's involvement in the patient's health care or payment of care. 45 CFR § 164.510(b).

  For example, an adult child's family physician conducts a depression screening and believes the adult child shows positive markers for depression. The family physician, adult child, and parent have discussed the potential diagnosis in the past, and the patient did not object to the parent's presence or participation. The family physician may take into account the parents' history of involvement in determining that it is in the adult child's best interests to contact the parents with whom the adult child lives to discuss medical strategies at home.

- **Personal representatives**. A parent who serves as the personal representative of the adult child, or who holds a health care power of attorney or other legal appointment granting control of medical information for the adult child, generally has the right to access the child's records. 45 CFR § 164.502(g), 45 CFR § 164.524. An exception applies where the covered health care provider has a reasonable belief, based on professional judgment, that the adult child is subject to domestic violence, abuse, or neglect by the personal representative, or doing so would otherwise endanger the child. 45 CFR § 164.502(g)(5). The covered health care provider must verify the personal representative's authority to act on behalf of the adult child before disclosing information. 45 CFR § 164.514(h)(1).

  For example, a parent holds a health care power of attorney for an adult child with serious mental illness. The parent can exercise the HIPAA right of access to obtain the adult child's records, so long as the health care

provider first verifies the parent's authority (e.g., by viewing a copy of the health care power of attorney documentation).

- **Facility Directories.** Sharing facility directory information about an adult child (i.e., name, location in the facility, and general condition) with a parent or other person who identifies the adult child by name, if the provider determines that doing so is in the best interests of a patient who is incapacitated or there is an emergency treatment circumstance, provided that the disclosure is consistent with a prior expressed preference of the individual, if any, that is known to the covered health care provider. 45 CFR § 164.510(a).

  For example, a parent calls the local hospital looking for an adult child who is missing. Hospital staff may inform the parent that the adult child is in serious condition in the intensive care unit if the staff are not aware of any objection the child may have to this disclosure. The level of the parent's involvement in the adult child's care does not affect the hospital staff's ability to disclose this information.

- **Health or Safety Threats.** Informing parents or others in a position to prevent or lessen a serious and imminent threat to the health or safety of the individual, another person, or public, consistent with applicable law and the provider's standards of ethical conduct. 45 CFR § 164.512(j).

  For example, a young man who has reached the age of majority storms out of his therapist's office stating, "I know where my parents keep their guns." The therapist believes that the young man is on his way home and may try to use a weapon kept by the parents at home. The therapist may contact the parents, police, or others in a position to help, to warn them that the young man is on the way home and may take a weapon.

Where FERPA applies, when can a school disclose an eligible student's PII from education records to his or her parent if the eligible student has not provided written consent?

Although FERPA provides that the parents' rights afforded by FERPA transfer to the "eligible student," FERPA permits an educational agency or institution to share, without applicable prior written consent, PII from the eligible student's education records with his or her parents under certain circumstances. For example:

- Schools may release PII from an eligible student's education records to his or her parents, without the consent of the eligible student, if the student is

claimed as a dependent for tax purposes under section 152 of the Internal Revenue Code. 20 U.S.C. § 1232g(b)(1)(H); 34 CFR § 99.31(a)(8).

- FERPA permits schools to disclose PII from an eligible student's education records to his or her parents, without the consent of the eligible student, in connection with a health or safety emergency if the parents' knowledge of the records is necessary to protect the health or safety of the student or other persons. 20 U.S.C. § 1232g(b)(1)(I); 34 CFR §§ 99.31(a)(10) and 99.36.

- FERPA permits a college or university to inform parents of students under the age of 21 (at the time of disclosure) that the student has violated any law or policy concerning the use or possession of alcohol or a controlled substance if the institution determines that the student committed a disciplinary violation with respect to that use or possession. 20 U.S.C. § 1232g(i); 34 CFR § 99.31(a)(15).

- Nothing in FERPA prohibits a school official from sharing information with parents that is based on that official's personal knowledge or observation and that is not based on information contained in an education record. Therefore, FERPA would not prohibit a teacher or other school official from letting a parent know of their concern about the parent's child that is based on their personal knowledge or observation.

Does HIPAA allow a health care provider to disclose PHI about a minor child with a mental health condition and/or substance use disorder to the parents of the minor?

The HIPAA Privacy Rule generally allows a covered entity to disclose PHI about a minor child to the child's parent, as the minor child's personal representative, when the disclosure is not inconsistent with State or other law.[1]

In some cases, such as when a minor may receive treatment without a parent's consent under applicable law, the parents are not treated as the minor's personal representative. *See* 45 CFR § 164.502(g)(3). In such cases where the parent is not the personal representative of the minor, other HIPAA Privacy Rule provisions may allow the disclosure of PHI about the minor to the parent.

For example, if a provider believes a minor presents a serious danger to self or others, the HIPAA Privacy Rule permits a covered entity to disclose PHI to a parent or other person(s) if the covered entity has a good faith belief that: (1) the disclosure is necessary to prevent or lessen the serious and imminent threat and (2) the parent or other person(s) is reasonably able to prevent or lessen the threat. The disclosure also

must be consistent with applicable law and standards of ethical conduct. *See* 45 CFR § 164.512(j)(1)(i); *see also* provisions related to 42 CFR Part 2 regulating the disclosure and re-disclosure of substance-use disorder information by Part 2 programs.

For example, a minor makes statements to his physician that he plans to harm himself or others. The HIPAA Privacy Rule permits the physician, including a mental health provider, to contact a parent (or anyone) who the health care provider has a reasonable belief is in a position to lessen or prevent the harm.

For more detailed information, *see* 45 CFR § 164.502(g) and the fact sheets regarding personal representatives at:

- http://www.hhs.gov/ocr/hipaa/guidelines/personalrepresentatives.pdf
- https://www.hhs.gov/sites/default/files/when-your-child.pdf
- https://www.hhs.gov/sites/default/files/am-i-my-childs.pdf

Does FERPA permit a school to disclose PII from the education records of a student, who is under the age of 18 years and is not attending a postsecondary institution, with a mental health condition and/or substance use disorder to the parents of the student?

Yes. FERPA permits schools to disclose PII from education records to the parent of a student who is not an eligible student. *See* 34 CFR § 99.31(a)(12). Further, under FERPA, a school must generally provide a parent of a student who is not an eligible student with an opportunity to inspect and review his or her child's education records within 45 days of the receipt of a request. 20 U.S.C. § 1232g(a)(1)(A); 34 CFR § 99.10(b). While required to provide a parent of a student who is not an eligible student with access to their child's education records, a school is not generally required by FERPA to provide copies of education records. *See* 20 U.S.C. § 1232g(a)(1)(A); 34 CFR § 99.10. One of the exceptions in which a school may be required to provide a copy of the education records requested is in the context of a request for access to education records from a parent or student who is not an eligible student where the circumstances would effectively prevent the parent from exercising his or her right to inspect and review education records; in this context, the school would be required to either provide the parent with a copy of the education records requested or make other arrangements that would allow for the parent to inspect and view the requested records. 34 CFR § 99.10 (d). An example of circumstances effectively preventing a parent from inspecting or reviewing education records is where the parent does not live within commuting distance of the school.

What options do family members of an adult patient with mental illness have under HIPAA if they are concerned about the patient's mental health and the patient refuses to agree to let a health care provider subject to HIPAA share information with the family?

The HIPAA Privacy Rule permits a health care provider to disclose information to the family members of an adult patient who has decision-making capacity, and indicates that he or she does not want the disclosure made, only to the extent that the provider perceives a serious and imminent threat to the health or safety of the patient or others and the family members are in a position to lessen the threat. *See* 45 CFR § 164.512(j). Otherwise, under HIPAA, the provider must respect the wishes of the adult patient who objects to the disclosure.

HIPAA in no way prevents health care providers from listening to family members or other caregivers who may have concerns about the health and well-being of the patient. A provider can factor that information into the patient's care, and should the patient later request access to the health record, any such information disclosed under a promise of confidentiality (such as that shared by a concerned family member with the provider), may be withheld from the patient if the disclosure would be reasonably likely to reveal the source of the information. *See* 45 CFR § 164.524(a)(2)(v). This exception to the patient's right to access their PHI allows loved ones to disclose relevant health or safety information with providers without fear of disrupting their relationship with the patient.

What options do the parents of an eligible student with mental illness have under FERPA if they are concerned about the student's mental health and the eligible student refuses to provide consent to permit a school subject to FERPA to share PII from education records with the family?

Under FERPA, an eligible student's education records and treatment records (which constitute education records if made, maintained, or used for any purpose other than the eligible student's treatment) may be disclosed, without appropriate consent, if the disclosure meets one of the exceptions to FERPA's general consent rule. *See* 20 U.S.C. §§ 1232g(b)(1), (b)(2), (b)(3), (b)(5), (b)(6), (h), (i), and (j); 34 CFR § 99.31. For example, a university physician treating an eligible student might determine that the student's treatment records should be disclosed to the student's parents. This disclosure may be made without the consent of the eligible student, if the eligible student is claimed as a dependent under section 152 of the Internal Revenue Code of 1986. 20 U.S.C. § 1232g(b)(1)(H); 34 CFR § 99.31(a)(8). If the eligible student is not claimed as a dependent, the disclosure may be made to the parents if the conditions of any other exception to FERPA's general requirement of consent are met, such as if the disclosure is in connection with a health or safety emergency and the parents' knowledge of the records is necessary to protect the health or safety of the eligible student or other persons. 20 U.S.C. § 1232g(b)(1)(I); 34 CFR §§ 99.31(a)(10) and

99.36.

If the exceptions to FERPA's general consent requirement do not apply and the eligible student refuses to provide written consent for the disclosure, then FERPA would prohibit the school from making the disclosure. However, FERPA would not prevent school officials from listening to the concerns of family members or other care givers, nor preclude a school official from sharing personal observations of the student not based on information contained in the student's education record.

Does HIPAA allow a health care provider to disclose PHI about a student to a school nurse or physician?

Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for several purposes, without the authorization of the student or student's parent.

HIPAA permits covered entities to disclose PHI for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school.

The HIPAA Privacy Rule also permits a covered entity to disclose PHI to a person(s) if the covered entity has a good faith belief that: (1) the disclosure is necessary to prevent or lessen a serious and imminent threat and (2) the parent or other person(s) is reasonably able to prevent or lessen the threat. The disclosure also must be consistent with applicable law and standards of ethical conduct. *See* 45 CFR § 164.512(j)(1)(i).

For example, a parent tells their child's therapist they are worried because the child threatened to kill a teacher and has access to a weapon. HIPAA permits the therapist to contact school officials if, based on a credible representation by the parent, the therapist believes the disclosure to school officials is necessary to prevent or lessen a serious and imminent threat to the teacher.

Does FERPA allow a school official to disclose PII from a non-eligible student's education records to a third-party health care provider without the written consent of the parent?

In a couple of cases, yes. First, under FERPA, a school nurse or other school official may disclose PII from a non-eligible student's education records to the student's family physician, without the written consent of the parent, where a health or safety emergency exists and the physician's knowledge of the records is necessary to protect the health or safety of the student or other persons. 20 U.S.C. § 1232g(b)(1)(I); 34

CFR §§ 99.31(a)(10) and 99.36. Additionally, FERPA would permit a school official to verify information that is contained in a record created by a third party with that third party, such as verifying a physician's note excusing a student's absence with that physician, as long as other PII from the student's education records is not disclosed without written consent. *See* 34 CFR § 99.3 (definition of "disclosure"). This is because the definition of "disclosure" permits a targeted release of information back to the stated source for verification purposes. *See id.*

Does HIPAA allow a parent to access the medical records of his or her deceased child?

HIPAA defers to applicable State laws regarding who qualifies as an individual's personal representative, and thus who can obtain and make decisions about sharing the individual's health information upon the individual's death, when the individual dies without designating a legal personal representative. *See* 45 CFR § 164.502(g)(4). The parent of a deceased minor child generally is the child's personal representative.

When a child has reached the age of majority (under State law) before death and has designated a personal representative who is not a parent, a covered entity must obtain authorization from the personal representative before disclosing records to the parent.

Does FERPA allow a parent to access the education records of his or her deceased child?

Consistent with common law principles, the U.S. Department of Education interprets the FERPA rights of eligible students to lapse or expire upon the death of the eligible student. Therefore, FERPA would not protect the education records of a deceased eligible student, and an educational agency or institution may disclose such records at its discretion or consistent with State law. However, at the elementary and secondary level, FERPA rights do not lapse or expire upon the death of a non-eligible student because FERPA provides specifically that the rights it affords rest with the parents of students until that student reaches 18 years of age or attends a postsecondary institution. Once the parents are deceased, the records are no longer protected by FERPA.

Under FERPA, may an eligible student's treatment records be shared with parties other than treating professionals?

Under FERPA, treatment records, by definition, are only available to professionals and bus attendants providing treatment to the student, or to physicians or other appropriate professionals of the student's choice. If an educational agency or institution that maintains a student's treatment records uses or discloses these records for other purposes or to other parties, they are no longer "treatment records," and become subject to the FERPA requirements concerning "education records." (As previously

explained, any disclosure of "education records" requires prior written consent of a parent or eligible student or must satisfy one of the exceptions to FERPA's general consent requirement. *See* 20 U.S.C. §§1232g(b)(1), (b)(2), (b)(3), (b)(5), (b)(6), (h), (i), and (j); 34 CFR §§ 99.30 and 99.31.)

For example, in order for a physician at a university-operated health clinic treating an eligible student to disclose the student's treatment records to the student's parents, the physician would need to either obtain the eligible student's prior written consent or satisfy one of the exceptions to FERPA's general consent requirement. Under one such exception, the physician could non- consensually disclose the records to the parents if the eligible student qualified as the parents' dependent, under section 152 of the Internal Revenue Code of 1986, for Federal income tax purposes. *See* 20 U.S.C. § 1232g(b)(1)(H); 34 CFR § 99.31(a)(8). The disclosure could also be made, without prior written consent, to parents, as well as other appropriate parties, in connection with a health or safety emergency if the parents,' or other parties,' respective, knowledge of the records was necessary to protect the health or safety of the student or other persons. *See* 20 U.S.C. § 1232g(b)(1)(I); 34 CFR §§ 99.31(a)(10) and 99.36.

When does FERPA permit an eligible student's treatment records to be disclosed to a third-party health care provider for treatment?

An eligible student's treatment records may be disclosed to individuals who are providing treatment to the student, including health care professionals who are not part of nor acting on behalf of an educational institution (i.e., third-party health care provider), as long as the information is being disclosed only for the purpose of providing treatment to the student. *See* 20 U.S.C. § 1232g(a)(4)(B)(iv); 34 CFR § 99.3 (definition of "education records," ¶ (b)(4)(iii)). In addition, an eligible student's treatment records may be disclosed to a third-party physician or other appropriate professional of the student's choice. *See* 20 U.S.C. § 1232g(a)(4)(B)(iv). In either of these situations, if the treatment records are disclosed to a third-party health care provider that is a HIPAA covered entity, the records would become subject to the HIPAA Privacy Rule. The treatment records maintained by the educational institution would continue to be treatment records under FERPA, so long as the records remain unavailable to anyone other than persons providing the eligible student with treatment, or a physician or other appropriate professional of the student's choice.

If the disclosure is for purposes other than treatment, an eligible student's treatment record only may be disclosed to a third party as an "education record," that is, with the prior written consent of the eligible student or if one of the exceptions to FERPA's general consent requirement is met. For example, if a university is served with a court order requiring the disclosure of the mental health records of a student maintained as

treatment records at the campus clinic, FERPA would permit the university to disclose the records to comply with the court order in accordance with the provisions of 20 U.S.C. §§ 1232g(b)(2), and (j) and 34 CFR § 99.31(a)(9). Although FERPA would generally require the university to make a reasonable effort to notify the eligible student in advance of compliance with such a court order so that the eligible student may seek protective action, the university may also wish to take additional measures to protect the privacy of student mental health records, such as obtaining a protective order or filing the records under seal. The university also should determine if the disclosure would comply with all other applicable laws, including any applicable State laws protecting the confidentiality of the mental health records. Thereafter, these mental health records that the university disclosed for non- treatment purposes would no longer be excluded from the definition of "education records" and, instead, become subject to all other FERPA requirements as "education records" under FERPA.

Under HIPAA, when can information be shared about someone who presents a serious danger to self or others?

The HIPAA Privacy Rule permits a covered entity to disclose PHI, including psychotherapy notes, when the covered entity has a good faith belief that the disclosure: (1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others and (2) is to a person(s) reasonably able to prevent or lessen the threat. This may include, depending on the circumstances, disclosure to law enforcement, family members, the target of the threat, or others whom the covered entity has a good faith belief can mitigate the threat. The disclosure also must be consistent with applicable law and standards of ethical conduct. *See* 45 CFR § 164.512(j)(1)(i).

For example, consistent with other laws and ethical standards, a mental health provider whose teenage patient has made a credible threat to inflict serious and imminent bodily harm on one or more fellow students may alert law enforcement, a parent or other family member, school administrators or campus police, or others the provider believes may be able to prevent or lessen the chance of harm. In such cases, the covered entity is presumed to have acted in good faith where its belief is based upon the covered entity's actual knowledge (i.e., based on the covered entity's own interaction with the patient) or in reliance on a credible representation by a person with apparent knowledge or authority (i.e., based on a credible report from a family member or other person). *See* 45 CFR § 164.512(j)(4).

For threats or concerns that do not rise to the level of "serious and imminent," other HIPAA Privacy Rule provisions may apply to permit the disclosure of PHI. For example, covered entities generally may disclose PHI about a minor child to the minor's personal representative (e.g., a parent or legal guardian), consistent with State or other laws. *See* 45 CFR § 164.502(b).

Under FERPA, when can PII from a student's education records be shared, without prior written consent, about someone who presents a serious danger to self or others?

FERPA provides that PII from a student's education records, including student health records, may be disclosed by educational agencies and institutions to appropriate parties in connection with a health or safety emergency, without the consent of the parent or eligible student, if knowledge of the information is necessary to protect the health or safety of the student or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 CFR §§ 99.31(a)(10) and 99.36.

For example, if an eligible student storms out of a teacher's office stating that, "I know where my parents keep their guns, and someone is going to pay" and the teacher believes that the student is on his way home to and may try to use the weapons, FERPA's health or safety exception would permit the teacher to contact the parents, police, or others in a position to help, to warn them that the student is on the way home and threatened to use a weapon against others.

Educational agencies and institutions are responsible for making the determination as to whether a health or safety emergency exists. *See* 34 CFR § 99.36(c). Pursuant to § 99.36(c) of the FERPA regulations, in determining whether it may rely on FERPA's health or safety emergency exception:

> an educational agency or institution may take into account the totality of the circumstances pertaining to a threat to the health or safety of a student of other individuals. If the educational agency or institution determines that there is an *articulable and significant threat* to the health or safety of the student or other individuals, it may disclose information from education records to any person whose knowledge of the information is necessary to protect the health or safety of the student or other individuals. If, based on the information available at the time of the determination, there is a *rational basis for the determination*, the [U.S. Department of Education] will not substitute its judgment for that of the educational agency or institution in evaluating the circumstances and making its determination.

(Emphasis added.) *See also* 73 Fed. Reg. 74,806, 74,837 (Dec. 9, 2008) (explaining that the U.S. Department of Education amended FERPA's health or safety emergency exception to add subsection (c) in order to "provide[ ] greater flexibility and deference to school administrators so they can bring appropriate resources to bear on a circumstance that threatens the health or safety of individuals.").

The U.S. Department of Education discussed the health or safety emergency

exception to FERPA's general consent requirement in some detail in the preamble to the 2008 *Federal Register* notice implementing changes to the FERPA regulations, 73 Fed. Reg. 74,806, 74,836- 74,839 (Dec. 9, 2008), and in guidance entitled "Addressing Emergencies on Campus," issued in June 2011. In the preamble, the U.S. Department of Education explained that:

> the phrase "articulable and significant threat" means that if a school official can explain why, based on all the information then available, the official reasonably believes that a student poses a significant threat, such as a threat of substantial bodily harm, to any person, including the student, the school official may disclose education records to any person whose knowledge of information from those records will assist in protecting a person from that threat.

73 Fed. Reg. at 74,838. The U.S. Department of Education also stated that:

> to be "in connection with an emergency" means to be related to the threat of an actual, impending, or imminent emergency, such as a terrorist attack, a natural disaster, a campus shooting, or the outbreak of an epidemic. An emergency could also be a situation in which a student gives sufficient, cumulative warning signs that lead an educational agency or institution to believe the student may harm himself or others at any moment. It does not mean the threat of a possible or eventual emergency for which the likelihood of occurrence is unknown, such as would be addressed in emergency preparedness activities.

Further, in the June 2011 guidance, the U.S. Department of Education explained the following:

> In some situations, a school official may determine that it is necessary to disclose [PII] from a student's education records to appropriate parties in order to address a health or safety emergency . . . This exception to FERPA's general consent requirement is limited to the period of the emergency and generally does not allow for a blanket release of [PII] from a student's education records. Typically, law enforcement officials, public health officials, trained medical personnel, and parents (including parents of an eligible student) are the types of appropriate parties to whom information may be disclosed under this FERPA exception.
>
> Disclosures for health or safety emergency reasons do not include disclosures to address emergencies for which the likelihood of

occurrence is unknown, such as would be the case in emergency preparedness activities.

U.S. Department of Education, *Addressing Emergencies on Campus*, p. 3 (June 2011), *available at* https://studentprivacy.ed.gov/resources/addressing-emergencies-campus.

Finally, where an educational agency or institution non-consensually discloses PII from a student's education records pursuant to FERPA's health or safety emergency exception, within a reasonable period of time after the disclosure, the educational agency or institution must record in the student's education records the articulable and significant threat to the health or safety of the student or other individual(s) that formed the basis for the disclosure, and the parties to whom the information was disclosed. 34 CFR § 99.32(a)(5).

Under FERPA, can an educational agency or institution disclose, without prior written consent, PII from a student's education records, including health records, to the educational agency's or institution's law enforcement officials?

Yes, if certain conditions are met. By way of background, many schools have their own law enforcement units to monitor safety and security and enforce any local, State, or Federal law or refer such enforcement matters to appropriate authorities. Those schools that do not have specific law enforcement units may designate a particular office or school official to be responsible for monitoring safety and security and referring potential or alleged violations of law to local authorities. Some smaller school districts and colleges employ off-duty police or sheriff's department officers to serve as school security officers.

If a law enforcement official is an employee of an educational agency or institution and meets the criteria specified in the school's annual notification of FERPA rights to parents and eligible students for being a "school official" who has been determined to have a "legitimate educational interest" in the education records, then the law enforcement unit official may be considered a school official to whom PII from students' education records may be disclosed, without prior written consent of a parent or eligible student. *See* 20 U.S.C. § 1232g(b)(1)(A); 34 CFR §§ 99.7(a)(3)(iii) and 99.31(a)(1)(i)(A). Educational agencies and institutions may also consider law enforcement unit officials, such as off-duty police or sheriffs' department officers and School Resource Officers (SROs) who are not employees of the educational agency or institution, to be "school officials," to whom PII from student's education records may be disclosed, without appropriate consent, if the law enforcement unit officials:

1. Perform an institutional service or function for which the educational agencies or institutions would otherwise use employees (*for, e.g.*, to

ensure school safety and security);

2. Are under the "direct control" of the educational agencies or institutions with respect to the use and maintenance of the education records (*for, e.g.*, through a memorandum of understanding (MOU) that establishes data use restrictions and data protection requirements);
3. Are subject to FERPA's use and re-disclosure requirements in 34 CFR § 99.33, which provides that the PII from education records may be used only for the purposes for which the disclosure was made (*for, e.*g., to promote school safety and the physical security of students), and which limits the re- disclosure of PII from education records; and,
4. Meet the criteria specified in the educational agencies' or institutions' annual notification of FERPA rights for being "school officials" who have been determined to have "legitimate educational interests" in the education records.

See 20 U.S.C. § 1232g(b)(1)(A); 34 CFR §§ 99.7(a)(3)(iii) and 99.31(a)(1)(i)(A) and (B)(1)-(3).

In situations where the law enforcement official is not a school official with a legitimate educational interest, the school may only disclose a student's education records, including health records, to that official with the prior, written consent of the parent or eligible student, unless an exception applies. One such exception that could apply is FERPA's health or safety emergency exception (discussed in greater detail in Question 21 above). Under this FERPA exception, a student's education records, including health records, may be disclosed, without the prior written consent of a parent or eligible student, to appropriate parties in connection with an emergency, if knowledge of the information is necessary to protect the health or safety of the student or other individuals. *See* 20 U.S.C. § 1232g(b)(1)(I); 34 CFR §§ 99.31(a)(10) and 99.36.

For more information on this issue, see the following guidance entitled, "School Resource Officers, School Law Enforcement Units, and the Family Educational Rights and Privacy Act (FERPA)," issued by the U.S. Department of Education's Privacy Technical Assistance Center in February 2019 – https://studentprivacy.ed.gov/sites/default/files/resource_document/file/SRO_FAQs_2-5- 19_0.pdf.

Does HIPAA permit an educational agency or institution to disclose PHI to a Protection and Advocacy system where the disclosure is required by law?

Yes. Protection and Advocacy (P&A) systems are designated by the governor of each State and territory to protect and advocate for the rights of individuals with disabilities, including by investigating incidents of abuse or neglect. Each P&A system administers multiple P&A programs authorized by Congress through legislation such as the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) (for individuals with developmental disabilities), the Protection and Advocacy for Individuals with Mental Illness Act (PAIMI Act) (for individuals with mental illness), and section 509 of the Rehabilitation Act of 1973 (Rehabilitation Act) (for certain individuals with disabilities who, for example, are not eligible for P&A services under the DD Act or PAIMI Act). These statutes and their implementing regulations require that access to records be provided to P&A systems under certain circumstances. *See* DD Act at 42 U.S.C. § 15043(a)(2)(I) and (J), 45 CFR § 1386.22; PAIMI Act at 42 U.S.C. § 10805(a)(4), 42 CFR §51.41; and the Rehabilitation Act at 29 U.S.C. § 794e(f)(2), 34 CFR § 381.10(a)(2).

The Privacy Rule permits a covered entity to disclose PHI without an individual's authorization to a P&A system to the extent that such disclosure is required by law and the disclosure complies with the requirements of that law. *See* 45 CFR § 164.512(a). Thus, a covered entity may disclose PHI to the P&A system, as required by the DD Act, PAIMI Act, or section 509 of the Rehabilitation Act, as well as any other Federal statute authorizing a P&A program, when the P&A system requests access to such records in carrying out its protection and advocacy functions under these Acts. Similarly, covered entities may disclose PHI to the P&A system where another Federal, State, or other law mandates such disclosures, consistent with the requirements in such law.

Where disclosures are required by law, the Privacy Rule's minimum necessary standard does not apply; instead, the law requiring the disclosure will establish the limits on what should be disclosed. Moreover, with respect to disclosures required by law, a covered entity cannot use the Privacy Rule as a reason not to comply with its other legal obligations.

Does FERPA permit an educational agency or institution to disclose PII from a student's education records to a Protection and Advocacy system?

Yes, in certain circumstances. For instance, an educational agency or institution may disclose PII from a student's education records to a P&A system, where a parent of a student under 18 and not in attendance at an institution of postsecondary education, or an eligible student, provides prior written consent to disclose such PII to the P&A system. Additionally, as we previously stated in an *amici curiae* brief jointly filed by the U.S. Departments of Education and Health and Human Services before the U.S. Court of Appeals for the Second Circuit, there are also circumstances in which an

educational agency or institution may disclose such PII to the P&A system without obtaining such prior written consent, such as in connection with an emergency under FERPA's health or safety exception (set forth in 20 U.S.C. § 1232g(b)(1)(I) and 34 CFR §§ 99.31(a)(10) and 99.36), if the P&A system's knowledge of the PII is necessary to protect the health or safety of the student or other individuals. We noted that "the facts supporting a P&A's determination that a mentally ill student's health or safety is in serious jeopardy, *see* 42 U.S.C. § 10805(a)(4)(C), for example, might also support a school's determination that an 'emergency' existed in which disclosure of [PII from education records] was 'necessary to protect the health or safety of the student or other persons.' 20 U.S.C. § 1232g(b)(1)(I)." *Id*. at 15-16. However, we also recognized that a P&A system's request for name and contact information might not always satisfy a FERPA exception to the general requirement of consent and that, in those instances where the DD Act, the PAIMI Act, or section 509 of the Rehabilitation Act conflict with FERPA, "FERPA does not bar a P&A from obtaining access to the name of and contact information for a parent, guardian, or other legal representative of a minor student with a disability or mental illness where the P&A's probable cause determination satisfies the requirements for access to records under the PAIMI Act and the DD Act." *Id*. at 15-16. We concluded that where the statutes are in conflict, "the specific access provisions of the PAIMI Act and the DD Act (and [section 509 of the Rehabilitation Act] by incorporation) are properly understood as a limited override of FERPA's generally applicable non-disclosure requirements." *Id*. at 15. We viewed a P&A system's access to such PII from education records as generally being consistent with Congress' intent relating to student privacy in part because a P&A system "is required to maintain the confidentiality of any student records it receives, see 42 U.S.C. § 10806(a) …," such that we saw little risk of the public disclosure of the information that FERPA is intended to prevent. *Id*. at 19-20.

Does HIPAA permit a school-based health care provider to report a student to the National Instant Criminal Background Check System (NICS)?

Most likely not. Although HIPAA allows limited disclosures to the National Instant Criminal Background Check System (NICS) by a designated set of covered entities, this permission most likely would not apply to covered entities that operate in the school context.

NICS is maintained by the Federal Bureau of Investigation (FBI) to conduct background checks on persons who may be disqualified from possessing or receiving firearms based on State law or Federal prohibited categories, including those who have been "involuntarily committed to a mental institution" or "adjudicated as a mental defective" (*e.g.*, found incompetent to stand trial). *See* 27 CFR § 478.11.

HIPAA's permission to disclose to NICS applies only to covered entities that are: (1) An

entity designated by a State to report, or which collects information for purposes of reporting, on behalf of a State, to the NICS; or (2) A court, board, commission, or other lawful authority that makes a commitment or adjudication that causes an individual to become subject to disqualification as described above. For these covered entities, the Privacy Rule allows disclosure of only the limited demographic and certain other information needed for purposes of reporting to NICS and expressly prohibits the disclosure of diagnostic or clinical information for such purposes. *See* 45 CFR § 164.512(k)(7).

It is unlikely that a school health provider is a HIPAA covered entity designated by a State to report to NICS or given the authority to order a student's involuntary commitment, but if it is, such a provider could make limited disclosures concerning a student to NICS.

More information can be found online at OCR's NICS page.

Does FERPA permit an educational agency or institution to disclose, without prior written consent, PII from a student's education records to the NICS?

FERPA permits records of a law enforcement unit of an educational agency or institution, subject to the provisions of 34 CFR § 99.8, to be reported to NICS without obtaining the prior written consent of parents or eligible students because such records are not covered as "education records" under FERPA. Among the exclusions from the definition of "education records" – and thus from the privacy protections of FERPA – are records of a law enforcement unit of an educational agency or institution. 20 U.S.C. 1232g(a)(4)(B)(ii); 34 CFR § 99.3 (definition of "education records," subsection (b)(2)). These records must be: (1) created by a law enforcement unit; (2) created for a law enforcement purpose; and (3) maintained by the law enforcement unit. 20 U.S.C. 1232g(a)(4)(B)(ii); 34 CFR § 99.8(b)(1). Law enforcement unit records do not include the following: (1) records created by a law enforcement unit for a law enforcement purpose that are maintained by a component of the educational agency or institution other than the law enforcement unit; or (2) records created and maintained by a law enforcement unit exclusively for a non-law enforcement purpose, such as a disciplinary action or proceeding conducted by the educational agency or institution. 34 CFR § 99.8(b)(2). Under FERPA, "law enforcement unit" means any individual, office, department, division, or other component of an educational agency or institution, such as a unit of commissioned police officers or noncommissioned security guards, that is officially authorized or designated by that agency or institution to (1) enforce any local, State, or Federal law, or refer to appropriate authorities a matter for enforcement of any local, State, or Federal law against any individual or organization other than the agency or institution itself; or (2) maintain the physical security and safety of the agency or institution. 34 CFR § 99.8(a)(1). Therefore, subject to State or local law,

educational agencies and institutions may disclose records of a law enforcement unit, as set forth in 34 CFR § 99.8, to anyone, including NICS, without consent from parents or eligible students.

Conclusion

While the educational agency or institution has the responsibility to make the initial, case-by- case determination of whether a disclosure meets the requirements of FERPA, the U.S. Department of Education's Student Privacy Policy Office is available to offer technical assistance to school officials in making such determinations.

For quick, informal responses to routine questions about FERPA, school officials may e-mail the Department at FERPA@ed.gov. For more formal technical assistance on the information provided in this guidance in particular or FERPA in general, please contact the Student Privacy Policy Office at the following address:

Student Privacy Policy Office

U.S. Department of
Education 400 Maryland Ave.
S.W. Washington, D.C.
20202-8520

You may also find additional information and guidance on the Department's website at: https://studentprivacy.ed.gov.

For more information on the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules, please visit the U.S. Department of Health and Human Services' HIPAA Privacy Rule Web site at: http://www.hhs.gov/ocr/hipaa/. The Web site offers a wide range of helpful information about the HIPAA Privacy Rule, including the full text of the Privacy Rule, a HIPAA Privacy Rule summary, over 400 frequently asked questions, and both consumer and covered entity fact sheets. Information on the other HIPAA Administrative Simplification Rules is available at: http://www.cms.hhs.gov/HIPAAGenInfo/.

In addition, if you would like to submit additional questions not covered by this guidance document or suggestions for purposes of informing future guidance, please send an e-mail to OCRPrivacy@hhs.gov and FERPA@ed.gov.