TOOELE COUNTY SCHOOL DISTRICT

Department of Special Education/504 Request for Transportation as a Related Service

FAX to **Trisdana Colledge or Tiffany Vandertoolen** at 435-833-1917

☐ New Student
☐ Initial IEP/504
☐ IEP/504 Change
☐ Information Change

To be completed by School/IEP Team

DATE: _____ **Student Name:** _____ **DOB**: _____
Grade: _____ **School**: _____
Home Address: _____ **City**: _____
Zip: _____ **Parent/Guardian**: _____ **Main Phone** _____
Mother/Father Cell Phone: _____
Emergency Contact: _____ **Phone**: _____
Legal Bindings: Y___ N ____ **Is Paperwork on File with the District?** _____
Contact Restrictions: Y ___ N ___ **Individual(s):** _____

To be completed by school/IEP Team

IEP – Date of the IEP: _____ **504** – Date of the 504 Plan: _____ **Case Manager**: _____
Pickup / Drop Off
Pick - Up: _____ **Phone:** _____
Address City
Drop – Off: _____ **Phone:** _____
Address City
Other Address: _____ **Phone:** _____
Specify Other: *(Grandparents, Parents work, etc.)*

Student Attends: AM __PM __Full Day __ **Student Attends**: __Mon; __Tues; __Wed; __Thurs; __Fri
Check One Check ALL that Apply

IEP INFORMATION:

__Mobility Aids Specify
__Wheel Chair Specify
__Crutches Specify
__Walker Specify
__Medical Aids Specify
__Communication Aids Specify
__Tracheotomy
__Oxygen
__Sensory Aids Specify
__Hearing Aids Specify
__Assistive Tech Specify
__Cane
__Other Specify
__Lift Bus

Does your student experience seizures? Y/N __ (If Yes, current Health Care plan must be attached)

Health Care Plan Y/N __ Date: _____ Safety Plan Y/N __ Date: _____
Behavior Management Plan Y/N __ Date: _____
Note: *Copy of the plan(s) must be included if appropriate*
Comments: _____
_____
_____
_____

❖ **Transportation Requests will be processed within 3 business days of receiving this form in our office.**

The following section is to be completed by the Transportation Department - ONLY

Date Transportation Request Received: _____Date service will begin: _____
Pickup Location – (determined by transportation dept.): _____
Securement Aids: Safety Vest: __ Star Seat: __ Specify: _____
Pickup Bus #: _____ Drop Off Bus #: _____