

SPECIAL TRANSPORTATION

Student: _____	Date of Birth: _____
Parent Name: _____	Telephone (H): _____
Address: _____	(W): _____
_____ IN _____	Primary Disability: _____
Placement School: _____	Initiation Date: _____
Pick Up Address: _____	Drop Off Address: _____
_____	_____
Pick Up Phone: _____	Drop Off Phone: _____

SECTION I: TRANSPORTATION NEEDED

The student's needs require an adjusted instructional day

Specify:

Student is transported to another building in the same/different school corporation

Specify:

The student is enrolled in a state-operated school or residential treatment center and requires transportation on weekends and holidays, or in accordance with the student's IEP.

Medical Needs: Student requires special safety precautions or health care. List concerns necessary to transport student (attach additional page if needed). Attach Health Care Plan, if any.

Yes No Car Seat: Student Weight: _____ lbs. Student Height: _____ ft. _____ in.

Other Needs:

SECTION 2: JUSTIFICATION

Justification for special transportation:

SECTION 3: COLLABORATION WITH TRANSPORTATION SUPERVISOR

Yes No The administrator involved in this case has collaborated with the Director of Special Education and Supervisor of Transportation.

Yes No The case conference committee has informed the parent of the number of days for special transportation to begin.

A copy of this form should be forwarded to the transportation supervisor for confirmation.