

Transportation of Students with Special Needs Application

Date of Application:

Top Section to be completed by the school Principal and Learning Support Teacher with the parents and attach to the student ISP. Students transitions onto the school bus shall be considered when developing the ISP. An orientation session for the bus driver and bus monitor may be organized by Transportation Services in consultation with the parent and school.

Student Name: School: Program/Grade:	 D.O.B. (M/D/Y): Height: Weight:	
Parent Name: Email: Address:	 Primary Phone #: Secondary #:	
Emergency Contact: Email: Address:	Primary Phone #: Secondary #:	
School Contact: Email:	 Primary Phone #: Secondary #:	

Student Needs

Considerations for student transportation - to be included in ISP

EQUIPMENT

Integrated Child Seat Lap/Shoulder Seat Belt Harness Restraint/Support Wheelchair Other:

VISUAL AUDIO

Books Drawing Books Ear Phones iPad/Game Boy iPhone Noise Cancelling Ear Phones Other: _____

SUPPORTS

Monitor (on bus) Social Story Bus Video Visual Schedule Other: _____

Support Plan:

Diagnosis Documents in Docushare

ISP attached

Parents received Bus Rider Rules

Bus Rider Rules reviewed with Student

School Principal Signature	Date		
Parent Signature	Date		
Director – Inclusive Learning Signature	Date		
Forward completed application to Transportation Services (Bottom section to be completed by Transportation)			
Driver:	Route #:		
Advised driver and bus monitor (if applicable) of Support Plan			
Date for follow up to evaluate success of plan: _			
How will support plan be implemented:			

Transportation Services

Date