

Adams Wells Special Services Cooperative
925 North Main Street, Bluffton, IN 46714
(260) 824-5880 Fax (260) 824-8654

SPECIAL TRANSPORTATION

Student: _____ Teacher of Record: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Best Phone Contact: _____ Age: _____ Date of Birth: _____

Home District/School: _____ / _____ Attending School: _____

Height: _____ Weight: _____ Waist: _____

Plan Effective from _____ to _____ Days: ALL M T W R F

 PARENT WILL TRANSPORT STUDENT. NO SCHOOL ARRANGEMENTS NEEDED. *(If the above line is checked, no further information needs to be completed at this time.)*

Special Considerations:

Justification for excess transit time: _____

Justification for transporting in wheelchair: _____

Check all that apply:

 A. Student attends school at times other than the typical school day.

_____ Start Time _____ End Time

 B. Student attends a school other than his/her home school.

 C. Student is provided a related service outside of the typical school day.

_____ Location _____ Time

 D. Student's behavioral/health needs require additional adult presence on the bus.

 E. School staff should meet student: _____ at bus _____ at school door

 F. School suggests parent/caretaker be present to receive student.

 G. Student attends a state-operated facility and requires transportation on the weekends/holidays, or in accordance with the provisions of the IEP.

Equipment needs:

 Seatbelt _____ Car Seat _____ Vest _____ Other (specify) _____

 The following equipment will be transported on the bus according to state and federal specifications: _____ Oxygen _____ Assistive Tech. _____ Other (specify) _____

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Student moves from place to place by:

- Walking independently Assisted walking
- Manual wheelchair propelled: independently by another
- Power wheelchair (weight _____ lbs.)
- Guide animal accompanies student

Medical Information: Student has no medical needs that impact transportation.

Describe medical conditions: _____

Describe medical procedures needed during transportation: _____

List medications transported on the bus: _____

Describe indications of medical or physical difficulties during an emergency: _____

Additional medical information: _____

Behavior Information: Student displays no behavior problems.

Student has a Behavior Intervention Plan (BIP) at school.

BIP for the bus is included with the transportation form.

Describe sensory or environmental factors which may cause the student to be upset or angry: _____

Describe the child's behavior when he/she becomes angry: _____

Describe factors or situations that may trigger an emotional response: _____

What actions will calm the child after an emotional/behavioral incident? _____

Additional Comments:

**COMPLETED FORMS MUST BE FAXED TO THE CORPORATION
TRANSPORTATION DEPARTMENT AND TO AWSSC STUDENT SERVICES
SECRETARY. _____ (Fax date)**