

**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)**