Checklist for Special Transportation Eligibility

___ Initial IEP ___ Annual Review ___ IEP Review ____ Amendment

Student Name _____ Grade: _____
Address: _____
School of Attendance: _____

LEGAL REGULATIONS:

Special transportation has long been included in the non-exhaustive list of related services under IDEA regulations. **A student qualifies for special transportation if such services is required for the student to obtain FAPE (free and appropriate public education).**

The LRE (least restrictive environment) mandate applies in the context of related service delivery, therefore students with special needs can and should be included on regular transportation routes when it is appropriate, safe, and does not endanger the other students sharing the ride. As with all special education and related services, consideration must first be given to the use of supplementary aids and services and accommodations for regular transportation before special transportation may be provided. Accommodations may include, but are not limited to, seating arrangements on the bus, consideration of positive behavioral supports, use of headphones for noise reduction, etc.

JUSTIFICATION FOR TRANSPORTATION:

Check all statements that apply:

____ Student needs to attend a school other than his/her home school to receive services deemed necessary by the IEP Team AND home school is more than 1.5 miles from student's home address.
School of Residence: _____

_____Student needs to attend home school to receive services deemed necessary by the IEP Team AND home school is more than 1.5 miles from the student's home address AND no regular transportation is provided to general education students.

____ Student is eligible for Extended School Year services which are located at a school other than the school of residence. Transportation applies only to ESY.

____ A medical report documents that the student has a physical disability or severe health condition that prevents him/her from getting to school independently. Disability or health condition:
_____

____ The condition is life threatening and requires monitoring or intervention as defined in the student's health plan or as determined by the school nurse.

____ The student uses technology or assistive devise such as a helmet, ventilator, oxygen, tracheotomy tube, or frequent suctioning as defined in the student's health plan.

____ The student has uncontrolled seizures, severe hypotonia causing obstructed airway or apnea.

____ The condition affects the length of time the student is able to ride the bus as determined by the school nurse.

____ The student uses a walker, manual wheelchair, or powerchair. Describe, including width: _____

____ The student needs an adapted car seat, safety vest, or seat restraint. Explain _____

____ The student has equipment, medication, or an assistance animal that is to be transported daily. Explain _____

____ The student has a documented severe cognitive disability that prevents him/her from getting to school independently.

_____ IEP includes goals to address travel training in order to develop an awareness of the environment in which they live and to learn the skills necessary to move effectively and safely from place to place within that environment.

____ The student has a behavior/emotional disability that is so severe or erratic that there is concern for the safety of the student and/or others.

____ The Behavior Intervention Plan lists strategies and supports for bus behavior.

____ The student needs an adapted car seat, safety vest, or seat restraint. Explain _____

____ The student has a visual and/or hearing disability and is unable to arrive at school independently.

_____ The IEP has goals to address travel training in order to develop an awareness of the environment in which they live and to learn the skills necessary to move effectively and safely from place to place within that environment.

____ Transportation needs to be provide on a temporary basis from _____/_____/_____ to _____/_____/_____.

Reason: _____

____ Other/Please specify reason:

_____

BASED ON THE ABOVE CHECKLIST, THE IEP TEAM HAS DETERMINED THAT THE STUDENT QUALIFIES FOR SPECIAL TRANSPORTATION.

_____ YES _____ NO

FORM COMPLETED BY:

_____

DATE: _____/_____/_____

PERSON RESPONSIBLE FOR NOTIFYING THE TRANSPORTATION DIRECTOR OF THE NEED FOR SPECIAL TRANSPORTATION: _____

(Checklist may be attached to the IEP for future reference).