Intermediate School District 917
Transportation Plan Form

TO BE COMPLETED FOR LEARNERS WITH HEALTH CONDITIONS AND/OR PERSONAL SAFETY CONCERNS WHICH REQUIRE BUS PERSONNEL TO MONITOR AND/OR INTERVENE.

Student Name _____ **Date of Birth** ____/____/____

School/Classroom Location _____ **Phone** (____) _____

✓ **(check) Student Info**	✓ **(check) Equipment**	✓ **(check) Special Conditions**
❑ Autism Spectrum Disorder	❑ Electric Wheelchair	❑ **Transportation Plan for Student Specific Emergencies** *(below)*
❑ Behavior Disorder	❑ Manual Wheelchair	❑ Student can be dropped off without caregiver present
❑ Blind/Visually Impaired	❑ Lift Bus	❑ Bus chaperone required (per IFSP/IEP)
❑ Deaf/Hard of Hearing	❑ Braces	❑ Escort to door
❑ Diabetic	❑ Walker/Crutches	❑ Private drive
❑ Non-English speaking	❑ Child Restraint	___ Drive up to house
❑ Non-verbal	___ Car Seat	___ Pull into driveway
❑ Physically/Health Disabled	___ Booster Seat	❑ Bus met at school
❑ Respiratory issues	❑ Torso Harness	❑ Behavior Plan (attached)
❑ Self-destructive behaviors	❑ Seat Belt	❑ Health Plan (attached)
❑ Seizures	❑ Lap Table/Tray	❑ Other _____
❑ Other _____	❑ Oxygen/Respirator	
	❑ Other _____	

Transportation Plan for Student-specific Emergencies

IF YOU SEE THIS:	**DO THIS:**

List *any medication* allergy: _____

List *any other allergy*: (i.e. food type, pollen, bee stings) _____

In case of serious situation, I request the school district/bus company to contact me. If they are unable to reach me, I hereby authorize the school district/bus company to contact the emergency contacts listed on the "Student Emergency Contact Information Form" and to provide my child with transportation home or for medical treatment. In case of a serious, life threatening illness or accident, I request the school district/bus company to contact me and/or a physician to make whatever arrangements necessary for the safety of my child. The above information may be released to the transportation company driver and staff, in addition to the classroom teacher.

_____	____/____/____	**2009-2010**
(Parent/Guardian Signature)	**(Date)**	**(School Year)**
X _____	____/____/____	**2010-2011**
(Parent/Guardian Signature)	**(Date)**	**(School Year)**
_____	____/____/____	**2011-2012**
(Parent/Guardian Signature)	**(Date)**	**(School Year)**

This form may be verified via signature by parent/guardian for up to three years.
For office use only:
Name of Staff Routing _____ Date ____/____/____
Please check off who was routed this form:
___ Student file ___ IEP manager ___ 917 LSN ___ Building Nurse ___ Providing Dist. ___ Transportation ___ Bus driver ___ Spec. Ed Vans

Attach to Student Emergency Contact Information Form
Rev 5/2010