

## 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: _____	D.O.B. (M/D/Y): _____
School: _____	Height: _____
Program/Grade: _____	Weight: _____

Parent Name: _____	Primary Phone #: _____
Email: _____	Secondary #: _____
Address: _____	
_____	

Emergency Contact: _____	Primary Phone #: _____
Email: _____	Secondary #: _____
Address: _____	
_____	

School Contact: _____	Primary Phone #: _____
Email: _____	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:

