

Request for Specialized Transportation

Student: _____ Date: _____
(first name) (last name)

School: _____ Reviewed/Approved SY _____

AM Pick up address: _____

PM Drop off address: _____

Reason for request:

- | | | | | | |
|------------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|---------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | IEP Team Request | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Student is homeless |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Court Ordered | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Class Size |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 504 Team Request | <input type="checkbox"/> Yes | <input type="checkbox"/> No | School Choice (AYP) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Temporary Medical Condition | <input type="checkbox"/> Other: | _____ | |

Interventions/accommodations implemented prior to request: *(attach data as appropriate)*

Conference Notes: *(Between School Administrator/ ESE Director/Transportation Coordinator/Director of Special Programs)*

Approved by:

School Administrator ESE/Student Services Director Special Programs Director Transportation Coordinator

IF THE IEP TEAM DETERMINES SPECIALIZED TRANSPORTATION SHOULD BE INCLUDED ON THE IEP, THE PEER TRANSPORTATION SERVICES FORM SHOULD BE COMPLETED AND GIVEN TO THE STAFFING SPECIALIST.

XC: School Administrator; ESE Director; Transportation Coordinator; Director of Special Programs