

South Eastern School District
Individual Transportation Plan (ITP)
For Students with Special/Individual Needs

Student Name:

Date of Birth:

Grade:

Homeroom Teacher:

Address:

Phone:

SECTION A: PLANNING THE LEAST RESTRICTIVE TRANSPORTATION ENVIRONMENT

Can this student be transported by their home school district with their peers?

- Yes, with no modifications or support
- Yes, with modifications specified below
- No, needs special transportation with modifications noted below

Change of Route

- To meet the student's medical/behavioral needs
- To lessen exposure to traffic
- Length of time on bus
- Other: Specify: _____

Environmental conditions

- Weather factors: Specify _____
- Street /sidewalk conditions: Specify _____

Change of Pick Up/Drop off Location

- Pull in drive to pick up/drop off
- Pick up/Drop off on residence side
- Pick up/ Drop off at school entrance that allows for less congestion or more supervision
- Other: Specify: _____

Required Seating

- Front of bus
- Assigned seat
- Seating with limited access to other riders
- Away from door or rear window
- Window Seat
- Seated with feet on floor or low floor bus
- Seated out of emergency exits
- Other: Specify: _____

Are assistance/special accommodations necessary in the following areas?

Discharge of Student- Can this student be discharged from the bus without an adult waiting to receive him/her?

- Yes
- No

Supervision/Assistance When Taking Transportation:

- To board bus/on steps
- To remain safe in “danger zone” – from all sides of the bus
- To cross street or safely navigate into home/school
- To stay seated upright on the seat in the compartment
- To maintain appropriate/safe behavior
- To avoid contact with emergency exits
- To avoid putting anything out of the windows
- To navigate emergency exit
- To leave bus in the event of an emergency (specify procedure above)
- Other: Specify:

Person(s) responsible: _____

Level of assistance: _____

Communication:

- Verbal
- ESL
- Sign Language
- Communication Board
- Picture System
- Gestures
- Others

Equipment

- Auditory equipment
- Stepstool access
- Safety vest/harness (can be used on traditional bus seat without lap belt or reinforced seat with lap belt) _____
- Waist size with outer clothing _____ Waist size without outer clothing _____
- Person (s) responsible for putting vest on/off _____
- Person(s) responsible for connecting vest to mount _____
- Person(s) responsible for installing mount _____
- Child safety seat _____ weight _____ height _____
- Wheelchair
- Person responsible for attaching chair _____
- Safety items on the bus:
 - Transport of Auxiliary equipment according to appropriate guidelines
 - Child safe belt cutter (needed for students in occupant restraints)
 - Non-latex gloves
 - Evacuation blanket

- ___ Safety items on the bus (continued):
 - ___ Basic First Aid kit and emergency numbers
 - ___ Belt extender
 - ___ Body fluid clean-up kit
 - ___ Other: Specify: _____

___ **Procedural Safeguards for Medical/Behavioral Concerns:**

- ___ Medical crisis intervention plan (attached)
- ___ Behavioral intervention plan (attached) with training
- ___ Crisis management plan that can be implemented from the bus
- ___ Do Not Resuscitate Order
- ___ Oxygen or ventilator: Specify: _____
- ___ Cardiac Problems: Specify: _____
- ___ Seizure precautions: Specify: _____
- ___ Asthma or Other Respiratory Conditions: Specify: _____
- ___ Allergy precautions: Specify: _____
- ___ Shunt precautions: Specify: _____
- ___ Feeding Tube or Significant Swallowing Problems: Specify: _____
- ___ Fragile Bones or other orthopedic precautions: Specify: _____
- ___ Medication side effects: Specify: _____
- ___ Other: Specify: _____

SECTION B: TRAINING AND SUPPORT

Yes ___ No ___ Does the student need a test ride?
 ___ Date to be completed _____

___ **Summary of Transportation Plan** (include only the accommodations that are required to transport)
 ___ Date provided to bus company _____

Next Steps Required

Yes ___ No ___ Training required for staff, drivers, parents, caregivers, and/or students

___ Type of Training needed _____
 ___ Participants _____
 ___ Date of Training _____

Yes ___ No ___ Is transition support needed?

- ___ Pre K to elementary, see ITP Skill Sheet
- ___ Elementary to middle, see ITP Skill Sheet
- ___ Middle school to high school, see ITP Skill Sheet
- ___ Transition age - Part B Individual Transportation Plan

Notification to Parent/Guardian:

If there are any changes in your child’s medical or behavioral status which you believe may merit changes in staffing, precautions to be taken, interventions, restraint, or any other procedure discussed above, contact the building administrator, or appropriate Educational Supervisor and the Transportation office.

Contact Person _____
Name Phone number

A change in residency (a new address) requires a three (3) business day notification to school district supervisor to reevaluate this plan.

Parent/Guardian Signature Date

Individual transportation plan committee participants:

Transportation personnel	Title	Date
_____ Parent	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date

To signify that this plan has been reviewed and still remains current as documented, initial and date:

_____/_____
Initials/Date Initials/Date Initials/Date Initials/Date Initials/Date