

SPECIAL TRANSPORTATION INSTRUCTIONS

Date: _____

The student listed on this form has special transportation needs that have been determined by his or her Individualized Education Program (IEP) team. These instructions are being provided to you because under the Individuals with Disabilities Education Act of 1997 (IDEA) at 34 CFR Sec. 300.342 (b) (2)-(3), all persons required to provide service needed to implement a student's IEP must be informed of their responsibility.

Name of student: _____ D.O.B. _____

School: _____ School Yr. 20__ - __

Gr: _____ Teacher: _____ School Ph: _____

Parent/Guardian: _____ Home Ph: _____

Home address: _____

Work phone: Mother/Guardian _____ Father/Guardian _____

Caretaker (if not parent): _____ Ph: _____

Primary language of student: _____ Parent/Guardian: _____

Alternative Contact: Name: _____ Ph: _____

Address: _____

Bus Equipment needs:

- Can the student ride a regular bus? Yes No
- Does the student require a special bus? Yes No
- Will the student need seat belt? Yes No
- Does the student require a wheelchair? Yes No
- Does the student require a lift? Yes No
- Does the student need an aid on bus? Yes No
- Is the student able to go to the bus stop? Yes No



Pick-up and drop-off needs:

- Does the student require curb-to-school transportation? Yes No
- Does the student require transportation between schools? Yes No
- Does the student require a teacher/assistant present at the school stop? Yes No
- Does the student require a parent/guardian present at the home stop? Yes No

Other needs: _____

Pick-up location: _____

Drop-off location: _____

Medications taken: _____

Special considerations or concerns related to the child's disability or medical needs:
(Examples: the student is diabetic, has hemophilia, or is a lip-reader)

Special Instructions/Information regarding behavior and/or crisis situations:

ADDITIONAL NOTES:



These instructions delivered

to: _____
(Name/Title)

by: _____
(Name/Title)

on: _____
(Date)