

Checklist for Special Transportation Eligibility

Initial IEP       Annual Review       IEP Review       Amendment

Student Name: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
School of Attendance: \_\_\_\_\_

Grade: \_\_\_\_\_  
Mom Cell Phone: \_\_\_\_\_  
Dad Cell Phone: \_\_\_\_\_

JUSTIFICATION FOR TRANSPORTATION:

Check all statements that apply:

Student needs to attend a school other than his/her home school to receive services deemed necessary by the IEP Team AND home school is more than 1.5 miles from student's home address. School of Residence: \_\_\_\_\_

Student needs to attend home school to receive services deemed necessary by the IEP Team AND home school is more than 1.5 miles from the student's home address AND no regular transportation is provided to general education students.

Student is eligible for Extended School Year services which are located at a school other than the school of residence. Transportation applies only to ESY.

A medical report documents that the student has a physical disability or severe health condition that prevents him/her from getting to school independently. Disability or health condition: \_\_\_\_\_

The student uses technology or assistive device such as a helmet, ventilator, oxygen, tracheotomy tube, or frequent suctioning as defined in the student's health plan.

The student has uncontrolled seizures, severe hypotonia causing obstructed airway or apnea.

The student uses a walker, manual wheelchair, or powerchair. Describe, including width: \_\_\_\_\_

The student needs an adapted car seat, safety vest, or seat restraint. Give the student's age and weight (to get the appropriate car seat or restraint size) \_\_\_\_\_

The student has equipment or medication that is to be transported daily. Explain: \_\_\_\_\_

The student has a behavior/emotional disability that is so severe or erratic that there is concern for the safety of the student and/or others.

The Behavior Intervention Plan lists strategies and supports for bus behavior.

The student needs an adapted car seat, safety vest, or seat restraint. Give the student's age and weight (to get the appropriate car seat or restraint size) \_\_\_\_\_

Transportation needs to be provide on a temporary basis from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reason: \_\_\_\_\_

Other/Please specify reason: \_\_\_\_\_

BASED ON THE ABOVE CHECKLIST, THE IEP TEAM HAS DETERMINED THAT THE STUDENT QUALIFIES FOR SPECIAL TRANSPORTATION.

YES       NO

FORM COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PERSON RESPONSIBLE FOR NOTIFYING CINDY JOHNSON (815-683-2662 or cjohnson@iroqsea.org) OF THE NEED FOR SPECIAL TRANSPORTATION: \_\_\_\_\_

**\*Include this checklist with all IEPs where special transportation is needed**