Initiation Date: _________________

EASTERN SERVICE UNIT
TRANSPORTATION NEEDS FOR SPECIAL EDUCATION PUPILS

DIRECTIONS: This form must be filled out by the Individualized Education Planning Committee on each student requiring special education transportation.

Student's Name:_______________________________________ Date of Birth:_______________________

Address:____ Telephone:_________________________

Bussing Address:_____________________________ Pick Up / Drop Off Wt:________Ht:__________
(If Applicable)

Emergency Contact:____________________________________ Telephone:_________________________

Parent/Guardian:_______________________________________ Resident District:___________________

Building for drop off:______________________________ Starting Time/Ending Time:________________

Building Contact:_______________________________________ Telephone:________________________

1. Check the following transportation needs for this student:
   _____ A. Curb to curb pick up
   _____ B. Student is able to walk:
   - _____ One (1) block away
   - _____ Two (2) blocks away
   - _____ Legal walking distance according to school district policy

2. This student's transportation requires provision for the following: (Check all applicable)
   _____ Regular Bus _____ Lap Belt Lock
   _____ Special Bus _____ Special Bus w/lift _____ Special Bus w/restraint
   _____ Special Bus w/lift and restraint _____
   _____ Other____

3. Medication:
   A. Is student on medication? _____YES _____NO
   B. Is medication carried by student? _____ YES _____NO

4. Student's disabilities (List all - SXI, CI, EI, Blind, etc)_______________________________________

   ____

5. Driver should be watchful for: _____Seizure, _____Biting, _____Hitting, _____Outburst, _____Drowsiness, _____Other (list)____

IEPC CHAIRMAN SIGNATURE/DATE:____

Original to Transportation **Yellow attach to ESU/IEP copy** **Pink attach to teacher IEP copy**