

EVALUATION FOR SPECIAL TRANSPORTATION

Date _____

Name of student _____ ID# _____ DOB _____

Present school _____ Zoned school _____ Grade _____

Name of evaluator _____

**The IEP Committee should use this completed checklist to consult with Transportation.
Basis for considering service (check all that apply):**

1. Medical reports document a severe health condition that prevents the student from walking to school.
Specify _____
2. Medical reports document a physical disability that prevents the student from walking or getting to school independently. Specify _____
3. A documented severe cognitive disability prevents the student from walking or getting to school independently. Documentation source _____
4. A visual and/or hearing disability interferes with the student's ability to arrive at school independently.
Documentation source _____
5. A severe communication disability prevents the student from communicating for his/her own safety.
Documentation source _____
6. A behavior/emotional disability is so severe or erratic that there is concern for the safety of the student and/or others. Documentation source _____
7. The student is eligible for the preschool special education program and could not participate without special transportation.
8. The student is/will attend a distant school because the IEP cannot be implemented at the zoned school.
9. The student is medically fragile. Documentation source _____
10. The student requires assistance to get on and off the bus. Documentation source _____
11. The student is unable to function independently due to the severity of the disability.
Documentation source _____
12. The student requires a non-routine transportation schedule (i.e. contract services, abbreviated school day). Explain _____
13. Medical reports document that the student has a physical disability and/or severe health condition

that prevents him/her from walking or getting to the corner safely. Documentation source _____

14. ___ A documented severe cognitive disability prevents the student from walking or getting to the corner safely. Documentation source _____

15. ___ Other (Specify) _____

IEP Committee recommendation to be considered by Transportation _____

(over)

ED14/(REV 8/10)

To be completed jointly by a representative of the school and Transportation .

The following comments and recommendations are the result of discussion with _____ (name of person)
, a representative of Transportation on _____ (date) _____ .

Comments

Recommendation

Signature

Title

Date

ED14/(REV 8/10)