

## Special Needs Busing Form

**PURPOSE:**

Special Needs busing is for students with physical disabilities who require wheelchair accessibility and/or other physical supports.

Students with non-physical disabilities (eg. severe anxiety, developing independence skills): may be accommodated temporarily on the Special Needs bus providing there is sufficient room. The goal to transition to regular busing must first be established and reviewed by both the school Based Resource Teacher and the family.

**STUDENT INFORMATION:**

Last Name:	First Name:	DOB:	Age:	Gender:
Address:		Phone number:	School:	
Parents/ Guardians Contact Information: _____ <div style="text-align: right; margin-right: 100px;">First and Last Name</div>				
Phone #s: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Home</span> <span>work</span> <span>cell</span> </div>				
School Based Resource Teacher: _____				

**CHECKLIST OF REQUIREMENTS:**

<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Transition Plan
<input type="checkbox"/> Information Sheet	<input type="checkbox"/> Review	<input type="checkbox"/> Laminated Bag Tag

**AUTHORIZATION:**

School Based Resource Teacher Signature	Parent/Guardian Signature
Direct Supervisor Signature:	Director of Instruction Signature