

Shasta County SELPA  
 Transportation Levels of Service (LOS)  
 & Transportation Procedure Requirements Assessment

Child's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Level of Service required as determined by IEP Team – Please circle below

**Transportation Levels of Service**

LOS #1	Students having significant needs such as but not limited to, <u>medical fragility</u> , <u>severe behavioral disorders</u> or <u>severe cognitive deficits</u> will be assigned a bus stop at the <u>closest safe accessible curbside to their home or service address</u> . However, if the IEP team determines that a student's disability warrants a different level of service, it will be provided.
LOS#2	Preschool children and students requiring the <u>use of a wheelchair</u> will be assigned to <u>bus stops within two tenths (0.2) of a mile of their homes or service addresses</u> . Students residing within two-tenths (0.2) of a mile of their assigned schools will not be eligible for transportation services. However, if the IEP team determines that a student's disability warrants a different level of service, it will be provided.
LOS#3	Elementary school students not requiring the use of a wheelchair will be assigned to <u>bus stops within four-tenths of a mile of their homes or service address</u> . Students attending the resident school or living within one (1) mile of the assigned school will not be provided transportation services. However transportation will be provided to student's residing within one (1) mile if the student has to cross a hazardous road to reach the school. If the IEP team determines that a student's disability warrants a different level of service, it will be provided.
LOS#4	Middle and high school students not requiring the use of a wheelchair will be assigned to <u>bus stops within one (1) mile of their homes or service address</u> . Middle and high school students attending the resident school or living within two (2) miles of the assigned school will not be provided transportation services. However, if the IEP team determines that a student's disability warrant a different level of services, it will be provided.
LOS #5	Students who would not normally require transportation but have been placed in another school within the district or placed at a regional program (Excel, Catalyst, GREAT or Non Public School, IEP School, North Valley School) to receive special education services may be assigned to a bus stop at the closest neighborhood school.

Other transportation needs mid -day or other transportation needs as required on the pupil's IEP (CCS/MTU, community based classes)

TO BE CONSIDERED BY THE IEP TEAM

(Please note on the student's IEP under Transportation)

- Disability – Section 1
- Special Transportation Needs – Section 2
- Behavior and Supervision on the Bus Ride – Section 3
- Medical Concerns – Section 4
- Vehicle and Equipment Needs – Section 5
- Special Transportation Concerns – Section 6
- Identify Level of Service required for student – Section 7

## Transportation Requirements Assessment

**IMPORTANT:** ALL INFORMATION CONTAINED ON THIS FORM IS **STRICTLY CONFIDENTIAL**. DISCLOSING THIS INFORMATION TO ANY PARTY NOT DIRECTLY RESPONSIBLE FOR THE SAFETY AND WELFARE OF THE CHILD IS A **VIOLATION OF STATE AND FEDERAL LAW**.

**DIRECTIONS:** Please complete section 1 and 2 for all students. For students that exhibit severe behavioral concerns complete Section 3. For students who are Medically Fragile, Section 4. For students with severe cognitive disorders, Section 5. Cross out all sections that do not apply.

Child's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Disability**

- a. What is the child's disability? \_\_\_\_\_
- b. Are there specific IEP goals for the child's bus ride? Yes  No   
If yes, what are they? \_\_\_\_\_

**2. Special Transportation Needs**

- a. Can the child be safely picked up and dropped off at a group bus stop? Yes  No   
If no, please explain \_\_\_\_\_  
 Severe behavioral disorders (#3)  medically fragile (#4)  severe cognitive disorders (#5)
- b. Must a designated adult be present to accept custody of the child when dropped off at the bus stop and/or home and/or school? Yes  No
- c. Does the child require any special seating arrangements (e.g., position on the bus ride)? Yes  No   
If yes, please complete Section 2
- d. Does the child need a child safety restraint system (e.g., car seat, safety vest, etc.) on the bus ride? Yes  No   
If yes, what? \_\_\_\_\_  
If yes, please complete Section 2
- e. Does the child require any special communication techniques (e.g., sign Language, sign board, facilitative communication board, etc.)? Yes  No   
If yes, what are they? \_\_\_\_\_
- f. Are there any other special concerns that the bus driver, attendant of other transportation staff should know to ensure safety and welfare of the child during the bus ride? Yes  No   
If yes, what are they? \_\_\_\_\_  
If yes, please complete items 3-4 as appropriate.
- g. Does the child residing within one (1) mile of school have to cross a hazardous road to reach school? \_

**3. Behavior and Supervision on the Bus Ride**

- a. Can the child be safely included on a bus with typical children? Yes  No
- b. Does child exhibit behavior aggressive or potentially dangerous to self or others? Yes  No
- c. Are there specific “triggers” or situations known to provoke the child? If yes, what are they? \_\_\_\_\_ Yes  No
- d. Is there a behavioral intervention plan in place for the child? If yes, please attach a copy) Yes  No
- e. Does the child require additional adult supervision on the bus besides the driver? Yes  No
- f. If an attendant is required, is specialized training needed? Yes  No   
(Circle any topics that apply)  
ProACT Assaultive Crisis Training                      Epi-Pen Training                      CPR Certification  
Other specialized training (describe): \_\_\_\_\_  
\_\_\_\_\_

**4. Medical Concerns**

- a. Does the child have a potentially life threatening condition or illness that requires monitoring, evaluation, and possible intervention by a nurse or other medical professional during the bus ride? Yes  No   
If yes, describe the device or technology required: \_\_\_\_\_  
\_\_\_\_\_
- b. Does the child use assistive devices or medical technology such as tracheostomy or feeding tubes, ventilator, oxygen, suctioning devices, or wear a helmet or other protective gear? Yes  No   
If yes, describe the device or technology required: \_\_\_\_\_  
\_\_\_\_\_
- c. Does the child experience uncontrolled seizures, severe hypotonia resulting in constricted airway, or apnea? Yes  No   
If yes, circle which and attach medical assessment
- d. Does the child experience severe allergic reactions? Yes  No   
If yes, allergic to what? \_\_\_\_\_  
\_\_\_\_\_
- e. Does the child carry an “Epi-Pen”?
1. If yes, is the child trained in how to self-administer the Epi-Pen? Yes  No

2. Does the child require medication to be transported on the bus? Yes  No   
If yes, specify type(s) of medication and the amount to be transported: \_\_\_\_\_

3. If yes, must the medication be available for the child to use during the bus ride or is the medication only to be transported between home and school? \_\_\_\_\_

4. If yes, must the medication be available for the child to use during other activities/field trips requiring transportation? \_\_\_\_\_

f. In an emergency, could the child safely be lifted and carried off the bus? Yes  No

g. Does the child's medical condition require any other special adaptations or restrictions to the bus environment? (e.g., temperature, light, noise, duration of ride, etc.). Yes  No   
If yes, what adaptations or restrictions? \_\_\_\_\_

h. Is the medical protocol updated and attached to the transportation request? Yes  No

**5. Vehicle and Equipment Needs**

a. Can the child use the vehicle stairs to enter and exit the bus? Yes  No

b. Does child use braces, a walker, manual wheelchairs, or power wheelchair? Yes  No   
If child uses a wheelchair, indicate dimensions and any special features: (e.g., tilt-in space, etc.): Manual \_\_\_\_\_ Electric \_\_\_\_\_ Width: \_\_\_\_\_ inches Length: \_\_\_\_\_ inches  
Special features: \_\_\_\_\_

c. If child's wheelchair has a lap tray, may it be safely removed during the bus ride? Yes  No

d. Can the child be safely transported to a school bus stop? Yes  No   
Can the child wear his/her safety vest? Yes  No   
How much does the child weigh? \_\_\_\_\_

**6. Special Transportation Concerns**

a. What are they? \_\_\_\_\_

**7. Level of Service (Please check box below)**

LOS #1  LOS #2  LOS #3  LOS #4  LOS #5

Explanation \_\_\_\_\_

**8. Emergency Contacts**

List the names, relationship (i.e., parent, neighbor, physician, etc.) and phone numbers of all emergency contacts for the child

Name	Relationship	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Information provided by:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_                      Date: \_\_\_\_\_

**Information received by:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_