



## Turtle River School Division - Administrative Procedure

### Section D – Student Services

#### **SPECIALIZED TRANSPORTATION**

The Division strongly believes that all students have a right to an education. We recognize that all students are different and, as such, their needs may vary as well. In the case of supporting students with transportation needs, we are able to provide specialized transportation accommodations in getting students to and from school.

Transportation accommodations will vary upon each student. These needs may range from wheel chair accessible transportation to the use of seatbelts and five point harnesses. The division is pleased to offer students and families accessible transportation upon request.

If accessible transportation is required, please complete the Specialized Transportation Request form and indicate your required transportation needs. The division transportation supervisor will contact you after receiving the request in order to discuss and clarify the specific needs required for your child. The transportation supervisor will then develop a route, schedule and coordinate the appropriate resources and training required to best meet the needs of the student. If the transportation supervisor is unable to provide accessible or specialized transportation, he/she will coordinate the use of other specialized transportation resources available within the community.

Board Informed:	Last Reviewed:	Last Revision:
May 14, 2024		



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#### Specialized Transportation Request

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Requesting transportation from \_\_\_\_\_ (Land description)  
to \_\_\_\_\_ School.

I am requesting the following Specialized Transportation needs for my child.

Specialized Transportation Need(s) (Please check all that are being requested.)	
<input type="checkbox"/>	Specialized Seating Plan
<input type="checkbox"/>	Wheelchair Accessible Bus
<input type="checkbox"/>	Private "Handivan" Bus
<input type="checkbox"/>	Earlier/Later Pick-up/Drop-off (start after 8:40 am or end prior to 3:30 pm)
<input type="checkbox"/>	Seat Belt
<input type="checkbox"/>	Five-Point Harness
<input type="checkbox"/>	Educational Assistant on Bus
<input type="checkbox"/>	Support from the home to bus and support from the bus to home
<input type="checkbox"/>	Bus Monitor
<input type="checkbox"/>	Behavioural Support - Transportation Plan
<input type="checkbox"/>	Other: (Please explain.)
<input type="checkbox"/>	

PART A - to be completed if child is living with parent or legal guardian.

Parent / Legal Guardian: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Land Description: \_\_\_\_\_

Name of Present Bus Driver: \_\_\_\_\_

Name of New Bus Driver: \_\_\_\_\_

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PART B - to be completed if child is not living with parent or legal guardian.

Contact Person/Agency: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Land Description: \_\_\_\_\_

Name of Present Bus Driver: \_\_\_\_\_

Name of New Bus Driver: \_\_\_\_\_

Period of time that transportation is requested: \_\_\_\_\_

Reason for change in student residence: \_\_\_\_\_

\_\_\_\_\_

Any Special Instructions, Notes, or Final Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Parent(s)/Legal Guardian(s) Signature: \_\_\_\_\_

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To be completed by the Transportation Supervisor

Date Received: \_\_\_\_\_ Approved / Not Approved: \_\_\_\_\_

Date Contacted Parent/Guardian: \_\_\_\_\_

Reason for not approved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan/Solution:(bus driver, bus, equipment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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#### Personalized Transportation Plan

##### Turtle River School Division

\_\_\_\_\_ School

20\_\_ - 20\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_ Mother's Work Number: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

##### Student's Special Needs:

☐ Non verbal ☐ Hearing Impaired ☐ Visually Impaired

☐ Non-ambulatory ☐ Cognitive Disability ☐ Behaviour ☐ Other

##### Special Equipment Child Uses:

☐ Wheelchair ☐ Walker ☐ Elbow Crutches ☐ Canes

☐ Seat belt ☐ Child Seat ☐ Child Restraining Harness

##### Assistance:

☐ Requires assistance boarding bus

☐ Requires assistance entering the school

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## Turtle River School Division - Administrative Procedure

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Bus Monitor (Division Office approval/required): \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Responsibilities of Bus Monitor: (Supervision, management, loading, unloading, emergency, record keeping, communication)

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Safety Emergency Plan:

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Name of staff meeting student at school: \_\_\_\_\_

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Safety Plan Reviewed with staff listed above. \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Arrangements: (to be completed by Transportation Supervisor)

Bus Number: \_\_\_\_\_ Bus Driver: \_\_\_\_\_

Pick up time: \_\_\_\_\_ Drop off time: \_\_\_\_\_

Date effective to begin/terminate:

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Signatures:

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Transportation Supervisor

\_\_\_\_\_  
Student Services Coordinator

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

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