

**Specialized Transportation Application (Form 7.4A)
2019 - 2020 School Year - LDCSB**

- This information is being collected for the purpose of creating an Individual Student Transportation Plan (ISTP) for the named student. Applications are required annually and those that do not meet STS policies and procedures (found at www.mybigyellowbus.ca) will be returned to the School Board.
- STS will make transportation arrangements for students who have been identified and approved by the School Board having:
 - A permanent physical, mental or emotional disability that prevents them from safely getting to and from their Board-designated school; or
 - A placement in a regular or self-contained classroom.

Transportation will be arranged on the most appropriate vehicle type based on the student's needs.

- Under normal circumstances it may take up to five working days to arrange transportation.
- School purpose vehicles may be equipped with video cameras to ensure the safety of students.

Student Name:		School to be Attended:	
Parent/Guardian Initials:		Date:	
Policy Number	Topic	Pages	Date of Approval (Revisions)
7.4	Individual Student Transportation Plans	1 of 1	March 2009 (August 2014)
Policy Statement			

Under the Accessibility for Ontarians with Disabilities Act (AODA) and the Integrated Accessibility Standards Regulation (Ontario Reg. 191/11), an Individual Student Transportation Plan ("ISTP") will be completed for each student utilizing specialized transportation. The foundation of the ISTP will be the completed Specialized Transportation Application form. The following chart will outline roles and responsibilities for development and communication of a student's Individual Student Transportation Plan:

Stakeholder	Responsibilities
Parent/Guardian	As the parent/guardian, you are responsible for: <ul style="list-style-type: none"> • Providing the school board/school accurate and timely information including the student's residential address and emergency contact information; • Providing the school/board current medical information relating to other needs to allow for the provision of specialized transportation; • Identifying tools or strategies that may assist and support the driver while transporting your student; • Understanding your role in the Individual Student Transportation Plan and working with your student to ensure appropriate conduct on the vehicle; • Complying with the specialized transportation service parameters set out in "Accessible Student Transportation", including: <ul style="list-style-type: none"> ○ Contacting the bus company by 6:45 AM in the event of an absence; ○ Unreported absences for 3 consecutive days will result in service being suspended; ○ Notifying STS in the event of a planned absence of one week or greater; • Assisting the student with boarding/de-boarding the vehicle. • Notifying STS of any on-board incidents with other students or the bus driver immediately
School Board/School	The school board/school is responsible for: <ul style="list-style-type: none"> • Communicating with the parent/guardian regarding student needs and ensuring that the Specialized Transportation Application is completed by June 15 or periodically throughout the year as changes occur; • Providing accurate information regarding student needs and transportation requirements; • Informing the plan by identifying any tools or strategies that may help the driver while transporting student; • Providing staff to receive students upon arrival and supervise students until departure and assisting students with boarding/de-boarding the vehicle & securement; • Notifying STS immediately of any changes to the student's health which may impact the ISTP. • Working cooperatively with the parent/guardian, student, Bus Company and STS regarding incidents of student conduct.
STS	As the coordinator of transportation services, STS is responsible for: <ul style="list-style-type: none"> • Contracting service providers to deliver the service; • Coordinating transportation consistent with the ISTP details; • Providing compiled ISTP details from parents and schools to the contracted service provider.
Contracted Service Provider (Bus Company)	The contracted service provider is responsible for: <ul style="list-style-type: none"> • Providing accessible vehicles as required by STS; • Providing competent, trained staff to transport students with disabilities; • Communicating ISTP details with driver(s) including any specific requirements for boarding, securement and de-boarding with the driver and/or monitor; • Ensuring that boarding, securement and de-boarding policies and procedures are developed and that staff are trained and tested appropriately on same. • Notifying STS of any on-board incidents regarding student health or behaviour immediately.
Contracted Service Providers' Employee (Bus Driver)	The bus driver is responsible for: <ul style="list-style-type: none"> • Complying with his/her employer's training regarding transportation of students with disabilities, including, but not limited to, First Aid/CPR/EpiPen and boarding, securement and de-boarding; • Understanding the student's ISTP; • Reporting any on-board incidents regarding student health or behaviour immediately to his/her employer.
Student	The student is responsible for: <ul style="list-style-type: none"> • Behaving in the vehicle in the same manner as in a classroom; • Cooperating with the bus driver and the rules of the bus; • Being courteous with other passengers and the driver on the bus.

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Student Information (To Be Completed by Parent/Guardian)		School Year: 2019-2020
School to be Attended:		Start Date:
Student Name:	Birthdate (DD-MM-YYYY):	
Street Address:		Unit Number:
City:	Postal Code:	
Phone Number:	Alternate Phone Number:	
Parent/Guardian Name:		
Email Address:		
Emergency Contact Name:		Emergency Contact Phone:
Transportation Requirements: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> BOTH		
AM Pickup Location (If different than home address)		PM Drop off Location (If different than home address)
Student Boarding/De-boarding Plan:		
<input type="checkbox"/> The student is ambulatory; can enter and exit the bus unassisted. <input type="checkbox"/> The student requires a lift equipped vehicle. <input type="checkbox"/> The student is in a wheelchair.		
<input type="checkbox"/> The student requires a safety seat	Student's Age <input type="checkbox"/> Under 8 <input type="checkbox"/> 8 or Over	Student's Weight <input type="checkbox"/> 20 - 40 lbs. <input type="checkbox"/> 40 - 80 lbs. <input type="checkbox"/> Over 80 lbs.
Student's Height <input type="checkbox"/> Under 145 cm (4ft 9 in) <input type="checkbox"/> Over 145 cm (4ft 9 in)		
Boarding/De-boarding Support: <ul style="list-style-type: none"> Parent/Guardian to accompany student to the vehicle in the morning School staff to accompany student to vehicle at arrival and dismissal time. Bus driver to secure student in vehicle. 		
Parent/Guardian will ensure a responsible person meets the student at vehicle at end of day, UNLESS; Parent/Guardian Waiver approval for student to leave the bus in the PM without supervision:		
If the student is age 12 or older, the parent/guardian must initial here to waive the requirement for the student to be met at the bus, so the driver will be authorized to let the student leave the bus unattended at the designated PM drop off location: _____		
Student Information (check all that apply):		
<input type="checkbox"/> Allergy _____ <input type="checkbox"/> Epi-Pen Location of Epi-Pen: _____ <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Asthma Location of Inhaler: _____ <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other (please specify) _____ Note: In the event of a medical emergency on board, the Driver will radio Dispatch to call 911.	
Are there any orders or special instructions the bus driver should be aware of?		
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Student Name:	School to be Attended:
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Support for Student During Transport:

<input type="checkbox"/> Assistive Communications Device <input type="checkbox"/> Service Animal <input type="checkbox"/> Nurse <input type="checkbox"/> Oxygen <input type="checkbox"/> Cane <input type="checkbox"/> White cane	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Powered Wheelchair <input type="checkbox"/> Powered Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Other (please specify) _____
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Are there any special or unique behavioral strategies that would assist with your student's transportation that the bus driver should be aware of?

Notice of Collection Statement Special Needs/Medical

I _____ acknowledge that STS services will be provided on the terms described

(Parent/Guardian Signature)

herein. I agree to inform STS as soon as any of the information on this form changes. I consent to the sharing of this information between STS, the school board and the service provider for the purpose of student transportation arrangements. Where necessary, I hereby permit STS to access any personal/medical information held by STS and/or the School Board and to share this information with the School Board and the service provider for the purpose of safely transporting students. The information provided above is in keeping with the development of an individual transportation plan for your student. The information provided will be shared with STS and the bus company (and driver) to support transportation. Should any comments submitted by the parent/guardian or school conflict with STS policies and procedures, you will be contacted in writing by STS.

Student Information (To Be Completed by Principal/Designate)

Student is in Congregated Class.

Student is attending their Board designated school, in a regular program and requires Transportation due to a permanent mental, physical, medical or emotional disability.

	Yes	No
Is there a plan in place at the school (eg. medical emergency, behavioral, safety)? <i>If YES please provide a copy of the plan with the application</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any conditions of the plan that may need to be enacted on the vehicle? Please describe.	<input type="checkbox"/>	<input type="checkbox"/>
Is the information provided by the parent/guardian in this application consistent with the plan in place at the school?	<input type="checkbox"/>	<input type="checkbox"/>

Are there any special or unique behavior strategies that the school is aware of that may assist the driver?

Principal/Designate Signature: _____

Please email completed application to mdudek@ldcsb.ca.
 Please keep a copy of the application for your files. We no longer require a paper submission.

STS Information

STS will assess the form for completion and use the information contained in this form to generate the Individual Student Transportation Plan (ISTP). A completed copy of the Specialized Transportation Application and the ISTP will be provided to the school, bus company, and parent/guardian. Incomplete forms or applications that do not meet STS policies and procedures will be returned to the School Board.