

☐ Pre-School
☐ Special Needs
☐ Other _____

Today's Date: _____

Missoula County Public Schools

SPECIAL NEEDS/SPECIAL SERVICES TRANSPORTATION REQUEST

The following information must be provided by parent/guardian for students requiring special transportation.

Student Information	<p>Name of Student _____ Grade _____ Sex _____ Date of Birth _____</p> <p>Home Address _____ City _____ Zip _____ Phone _____</p> <p>School _____ Case Manager _____</p> <p>School start Time: _____ School end time: _____ Requested start date: _____</p> <p>Mother/Guardian: _____ Work Phone _____ Cell _____</p> <p>Father/Guardian _____ Work Phone _____ Cell _____</p> <p>Pickup Location _____ Phone (if different from above) _____</p> <p>Drop-off Location _____ Phone (if different from above) _____</p> <p>Days of service needed: <input type="checkbox"/> All five days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p>LOCAL EMERGENCY CONTACT (Other than parent):</p> <p>Name _____ Phone _____ Cell _____</p>																				
Personal Information	<p>CHECK WHICH OF THE FOLLOWING ARE APPLICABLE:</p> <table border="0"><tr><td><input type="checkbox"/> Non-Verbal</td><td><input type="checkbox"/> Non-Ambulatory</td><td><input type="checkbox"/> Hemophiliac</td><td><input type="checkbox"/> Cognitively Delayed</td></tr><tr><td><input type="checkbox"/> Seizures</td><td><input type="checkbox"/> Hearing Impaired</td><td><input type="checkbox"/> Visually Impaired</td><td><input type="checkbox"/> Self-Abuse</td></tr><tr><td><input type="checkbox"/> Diabetic</td><td><input type="checkbox"/> Tracheostomy Tube</td><td><input type="checkbox"/> Severe Asthma</td><td><input type="checkbox"/> Shunt</td></tr><tr><td><input type="checkbox"/> Oxygen</td><td><input type="checkbox"/> Gastrostomy Tube</td><td colspan="2"><input type="checkbox"/> Severe Allergy To: _____</td></tr><tr><td colspan="4"><input type="checkbox"/> Other Please Specify: _____</td></tr></table> <p>Medical Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No SPECIAL INSTRUCTIONS FOR SUPPORTING WITH STUDENT:</p> <p>(i.e. language, behavior, first aid, medical emergency, etc.): _____</p> <p>EMERGENCY MEDICAL CONTACT _____</p>	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Non-Ambulatory	<input type="checkbox"/> Hemophiliac	<input type="checkbox"/> Cognitively Delayed	<input type="checkbox"/> Seizures	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Self-Abuse	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Tracheostomy Tube	<input type="checkbox"/> Severe Asthma	<input type="checkbox"/> Shunt	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Gastrostomy Tube	<input type="checkbox"/> Severe Allergy To: _____		<input type="checkbox"/> Other Please Specify: _____			
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Assistive Devices	<p>ASSISTIVE DEVICES/EQUIPMENT: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Harness <input type="checkbox"/> Lap Belt</p> <p><input type="checkbox"/> Carseat <input type="checkbox"/> EpiPen <input type="checkbox"/> Leg Braces <input type="checkbox"/> Walker <input type="checkbox"/> Brace(s) Type</p> <p>All assistive devices are to be provided to Beach, if applicable. These devices need to meet all current state and federal requirements and should conform to the height and weight of the child.</p> <p>Height: _____ Weight: _____</p> <p>Additional Comments/Recommendations: _____</p>																				
At School Drop off	<p>Does the student need to be met at school by school staff at the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional Comments/Recommendations: _____</p>																				
Documentation Of Need	<p>Why does the student need individual or specialized transportation? _____</p> <p>_____</p> <p>_____</p> <p>Pick-Up and Drop-Off: Transportation services for special needs students is <u>curb-to-curb</u>. Pick-up locations will be designated based on safety and the capabilities of the bus. Parents or guardians shall escort their student to and from the bus as necessary. Access to the boarding area must be kept free of ice and snow by the parent or guardian. During periods of adverse weather, if the child cannot be safely picked up, other arrangements may be required for a safe pick-up and drop-off area for the student.</p>																				

MCPS authorized member _____ Date _____

NOTE (Policy/Procedure): Five (5) days notice must be given if there are changes in pick-up or drop-off locations. A new Special Needs Confidential Biographical Data Form must also be completed.