☐Pre-School
☐Kindergarten
☐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

Name of Student ________________________________ Grade _____ Sex ____ Date of Birth ________________

Home Address ________________________________ City __________________ Zip _______ Phone _________

Case Manager ____ School ___________________________

School start Time: ____________ School end time: ___________ Requested start date: ____________________

Mother/Guardian: _____________________________________ Work Phone _______________Cell ___________

Father/Guardian _____________________________________ Work Phone _______________Cell ___________

Pickup Location ____________________________________ Phone (if different from above)__________________

Drop-off Location ___________________________________Phone (if different from above) ________________

Days of service needed: ☐ **All five days** ☐ M ☐ T ☐ W ☐ Th ☐ F

EMERGENCY CONTACT (Other than parent):

Name ____ Phone _____________Cell _____________

Personal Information

CHECK WHICH OF THE FOLLOWING ARE APPLICABLE:

☐ Verbal	☐ Non-Verbal	☐ Ambulatory	☐ Non-Ambulatory
☐ Hemophiliac	☐ Mentally Handicapped	☐ Visually Impaired	☐ Hearing Impaired
☐ Diabetic	☐ Tracheostomy Tube	☐ Severe Asthma	☐ Seizures
☐ Oxygen	☐ Gastostomy Tube	☐ Shunt	☐ Self-Abuse
☐ Shunt	☐ Severe Allergy To: ________		

☐ Other Please Specify: ____

SPECIAL INSTRUCTIONS FOR DEALING WITH STUDENT: Medical Plan: ☐ Yes ☐ No

(i.e. language, behavior, first aid, medical emergency, etc.): ____

Assistive Devices

ASSISTIVE DEVICES/EQUIPMENT: ☐ Wheelchair ☐ Harness ☐ Lap Belt

☐ Carseat ☐ Glucometer ☐ Glucose Tabs ☐ Cakemate/Snack

☐ EpiPen ☐ Leg Braces ☐ Walker ☐ Brace(s) Type_______________________

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.
Height: ____ Weight:____

Additional Comments/Recommendations: ____
____

Documentation of Need

Why does the student need individual or specialized transportation? ____________________________________
____
____

<u>Pick-Up and Drop-Off</u>: 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.

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.