Appendix 3C: Transportation Plan

Transportation Plan for Students with Special Needs

Period from _____ to _____ Review date(s)____

I. ADAPTATIONS/ACCOMMODATIONS REQUIRED

- ☐ Transportation aide
- ☐ Bus lift
- ☐ Seat belt
- ☐ Special restraint
- ☐ Wheelchair tie down
- ☐ Space for equipment—please specify:

II. POSITIONING OR HANDLING REQUIREMENTS

- ☐ None
- ☐ Yes—Describe:

III. BEHAVIOR CONSIDERATIONS

- ☐ None
- ☐ Yes—Describe

IV. TRANSPORTATION STAFF TRAINING

Training has been provided to drivers and substitute driver(s). ☐ yes ☐ not applicable

Describe training provided:

Date training completed: _____