

## School Administrative Unit #24

Districts of

Stoddard      Henniker      Weare      John Stark

### Specialized Transportation Determination

**Student Name:**

**School:**

**SPED ID:**

**SASID #:**

**Date of Birth:**

**Grade:**

**Student's Physical Address:**

**Parent's Name:**

**Parent's Phone:**

#### **Reason for Special Education Transportation**

- ☐ Student will attend an out of the district (collaborative program) school where regular school transportation is unavailable.
- ☐ Student will attend a special education private school located out of the district.
- ☐ Student is attending school at non-standard times making use of regular transport impossible.
- ☐ Student possesses a handicapping condition for which special accommodations must be made.
  - ☐ Student uses wheelchair and must have bus equipped with a lift
  - ☐ Student's behavior requires an on board monitor for behavior/health support
  - ☐ Age and/or handicapping condition require a smaller bus with homogenous age grouping
  - ☐ Cognitive functioning is limited, small bus need for safety reasons
  - ☐ Student possesses a medical condition which prohibits walking to the bus, or waiting in adverse weather condition. *If this medical condition is not documented in the IEP then medical proof of request is required, for example student coded LD.*
  - ☐ Other: (please specify)

LEA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LEA Printed Name: \_\_\_\_\_