## SOUTHERN MINNESOTA SPECIAL EDUCATION CONSORTIUM TRANSPORTATION REQUEST FORM

School year		Start Date:	
Student Name		DOB	
Home Address		Home Phone	
Pick – Up Address		Cell Phone	
Drop – Off Address			
School & Program		Grade	
Student needs transportation which days		Times	
Is the student on an IEP? Y N		n IEP Y N	
<u>Disabilities/</u>	Assistive Equipment	Special Conditions	
Medical Conditions			
DHH	Wheelchair	(Transfers)	
Blind/Visually Impaired	Walker	Eye to Eye	
Physically/Health Impaired	Crutches/Cane	Hand to Hand	
Traumatic Brain Injury	Booster Seat	Drop Unattended	
Temporary Injury	Car seat	Non Verbal	
Seizures: Type:	5 pt Harness	Non English	
Diabetic	Oxygen	Other	
DCD/MMDCD/SP	Trachea Tube		
Emotional Behavior Disorder	Para Needed		
Learning Disability	Other		
Autism			
Early Childhood			
Speech & Language		<b>Behavioral Problems</b>	
EpiPen		Bites	
Allergies		Impulsive	
		Vulnerable	
		Hyperactive	
EMERGENCY INFORMATION		On BIP	
Parent/Guardian		Aggressive Behavior	
Mom Cell # Dad Cell # Mom Work # Dad Work #		38	
		Will the student require driver assistance? Please specify	
Emergency Contact (other than parent)  Name Phone  Relationship to student			
			A dames
Address Pho			
PhysicianPhone # Urgent Medical Needs			
Parents Signature			
	<b>School Information</b>		
Teacher	T01 1		
Additional comments	<del></del>		

Email completed form to Denise Kennedy: <u>dkennedy@smec.k12.mn.us</u> for approval. I need a <u>minimum of 2</u> <u>weeks</u> from the date the request is emailed to set up the transportation. The request will be sent on to the transportation director upon approval. <u>Transportation will not be arranged until this form is on file.</u>