

**Special Education Transportation
AUTHORIZATION FORM**
Submit Directly to Appropriate Collaborative Planner

Student Name: _____ Case Manager: _____

District: _____ Building: _____

Collaborative Planner: _____ Date: _____

Reason for Authorization Request

- Accessibility:** The regular bus is not accessible for the child.

Describe need related to accessibility (i.e., student is in wheelchair):

- Social Behavior:** The student's bus conduct requires a different mode of transportation. This will only be offered after the school psychologist and/or Social Behavior Collaborative Planner design, implement and document two interventions for the regular bus.

Number of bus referrals: _____ Primary reason(s) _____

Interventions designed and implemented to address bus concerns (at least 2 required):

- 1.
- 2.

Interventions waived due to safety concerns. Yes No Collaborative Planner Initials _____
Principal Initials _____

- Health/Medical Condition:** A health/medical condition exists which involves the safety of the child or others. Health issues may include seizures, oxygen equipment, fatigue that causes the student to fall asleep on the bus, assistive devices needed to maintain a sitting position, communication issues (hard of hearing, visually impaired, nonverbal), or assistance in walking up and down stairs. Please note, if emergency medications are not provided, and an incident requiring medications occurs, 911 will be called.
List health/medical condition(s) warranting special education transportation:

Authorization Determination

- Request approved
 Request denied
Reason(s):

Authorization Signatures

Collaborative Planner Date

Principal Date

Unique Learners' Manager Date