

STUDENT REQUEST FOR SPECIALIZED TRANSPORTATION AND PERSONALIZED ACCESSIBILITY PLAN

The following information must be reviewed and signed by the parent/guardian for students who may require specialized transportation.

If approved, specialized transportation will be implemented after three business days.

Student Name:

Gender: Male Female Grade Birth Date: OEN:

Home School

School Phone # School Principal:

EMERGENCY CONTACT INFORMATION

Parent/Guardian Address

Home Phone Cell Phone

Parent/Guardian Address

Home Phone Cell Phone

Alternate Emergency Contact

Name Address

Home Phone Cell Phone

MEDICAL INFORMATION

Student's Doctor Phone

Does the student have any life threatening allergies? Yes No

Does the student have an Epi Pen? Yes No

If yes, please list:

If yes, please indicate where it will be carried:

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Does the student have a bleeding disorder? Yes No

Does the student have seizures? Yes No

If yes, please describe the symptoms:

Additional Information: (For example, does the student have an individual seizure protocol for transportation?)

Language Spoken/Understood

Visually Impaired: Yes No Hearing Impaired: Yes No

Does the child rely on sign language? Yes No Non-Verbal: Yes No

Physical Disability: Yes No

If yes, please describe the disability:

Mobile: alone unassisted Mobile with assistance Mobile using assistive device Mobile using wheelchair

Special Equipment required for Safe Transit: (NOTE: OSTA supplied seats only/ NO privately owned equipment.)

Booster seat Car seat Wheelchair Seat belt cover Harness Other:

***The parent should complete the OSTA form for the use of special equipment.**

List other conditions or concerns of which we should be aware in order to best serve the student in transit:

The following are strategies recommended to support the safe transit of the student:

In the event of an Emergency Evacuation, the following responses may be taken by the driver:

- * Remove students to a safe, secure location
- * Call 911
- * Contact transportation provider who will contact parents/guardians



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OFFICE INFORMATION

Date of Request	<input type="text"/>	School Year	<input type="text"/>
School Board	<input type="text"/>	School Principal making request	<input type="text"/>
Requested start date	<input type="text"/>	Requested End Date	<input type="text"/>

Specialized Transportation Requested for the following reason:

Special Education Class/Program and location (Please name)

- ESL Programs
 Special Education/Special Needs
 Compassionate

Please provide brief rationale for using specialized transportation in lieu of walking or regular transportation.

Please provide rationale with start and finish date for compassionate request. (Superintendent approval required)

If the student is not in a system class, is there a plan developed to support the student's ability to access regular transportation?

If the student is attending a half day class, please indicate the school and Principal of this site.

School

Principal School Phone Number

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Please check only APPLICABLE boxes; enter FULL Residential or School Address and enter the time of taxi/small vehicle arrival requested AT/FROM THE SCHOOL.

The third and fourth line would only be appropriate for those students in a Board-supported half day class.

Pick up from:

Address of Residence OR School:

Time:

Deliver to:

Address of Residence OR School:

Time:

Pick up from:

Address of Residence OR School:

Time:

Deliver to:

Address of Residence OR School:

Time:

I/we authorize this information to be shared with school staff, Ottawa Student Transportation Authority, transportation providers, and the bus drivers. In the event that there are changes to the above information, I/we will advise the school.

Parent(s)/Guardian(s) Signature	Date

Principal's signature	Date

Superintendent or Designate, Student Services	Date

General Manager or Designate, OSTA	Date

ALL INFORMATION IS CONFIDENTIAL. KEEP IN A CLOSED PRIVATE SPACE WHEN NOT IN USE.

The personal information provided on this form and any other correspondence relating to transportation is collected under the authority of the Education Act, the Accessibility for Ontarians with Disabilities Act, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information will be used to arrange transportation as per Ottawa Student Transportation Authority policies and procedures, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety and is required to be disclosed in the event of an emergency.