

GUIDELINES FOR TRANSPORTATION OF STUDENTS WITH SPECIAL NEEDS

While many students with special needs are able to use the same services made available to students without disabilities, other special needs children require specialized services. It is important to examine the needs of each individual student in order to ensure that they receive the assistance necessary for them to attend school.

Section 43(6) of the Public Schools Act also states that “nothing herein requires the school board to provide for the conveyance of a pupil to and from a point closer than .8 km from the residence of the pupil.” While Manitoba does not require door-to-door service, by regulation, it is recognized that in some instances, special arrangements may be necessary.

Requests for specialized services shall be made to the Division Office and judged on an individual basis.

A Personal Transportation Plan (PTP) for transporting such students shall be formulated on an individual basis in consultation with parents, school staff, the Student Services Coordinator and the Transportation Supervisor. Depending upon the needs of the student, the PTP may include all or some of the following components:

- Transportation option
- Student’s special needs
- Length of ride; pick up and drop off locations and times
- Safety
- Loading and unloading procedures
- Supervision needs; seating plan
- Disciplinary procedures
- Assisting devices used
- Emergency and evacuation plan; medical plan
- Review of procedures by affected non-teaching staff
- Parental contact information

The developed PTP shall be reviewed with the bus driver and a copy retained in the school bus manifest.

Approved: August 24, 2005
Amended December 4, 2018

PERSONAL TRANSPORTATION PLAN

Beautiful Plains School Division

School Year: _____ School: _____

PERSONAL INFORMATION:

Student: _____ Grade: _____

Home Phone Number: _____

Mother's Work Number: _____ Father's Work Number: _____

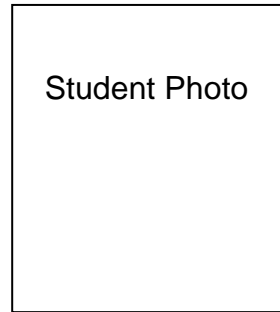
Parent(s)/Guardian(s): _____

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone Number: _____



Student's Special Needs:

Please check where appropriate:

_____ Non verbal _____ Hearing Impaired _____ Visually Impaired

_____ Non-ambulatory _____ Cognitive Disability _____ Other _____

SPECIAL EQUIPMENT- PERSONNEL:

Type of Vehicle Used: _____

Child Uses:

_____ Wheelchair _____ Walker _____ Elbow Crutches

_____ Canes _____ Seat belt _____ Child Seat

Mobility of Child:

_____ Requires assistance boarding bus

_____ Requires assistance entering the school

Bus Monitor (Division Office Approval required):

Name: _____

Home Phone: _____

Responsibilities of Bus Monitor: (Supervision, management, loading, unloading, emergency, record keeping, communication)

SAFETY/EMERGENCY PLAN:

Name of staff person meeting student at school: _____

Safety Plan Reviewed with Non-Teaching Staff _____

TRANSPORTATION ARRANGEMENTS: (to be completed by Transportation Supervisor)

Bus Number: _____

Bus Driver: _____

Pick up time: _____

Drop off time: _____

Date effective to begin/terminate: _____

SIGNATURES:

Parent Signature: _____

Principal Signature: _____

Coordinator of Student Services Signature: _____

Transportation Supervisor Signature: _____