



Franklin County, TN Schools

Student Transportation Special Requirements/Specifications

Student Name _____ Bus _____ Date _____

<u>Transportation Requirements/Specifications/Concerns</u>	<u>YES</u>	<u>NO</u>
1. Does the student require adult supervision at the bus stop? If yes, parent or designee MUST accompany student at the bus stop.	_____	_____
2. Are there circumstances that affect the location of the pickup and/or return addresses?	_____	_____
3. Are there specific types of assistance that the bus driver or attendant must provide? If yes, specify: _____	_____	_____
4. List any other characteristics, behaviors, concerns, or needs (such as seating concerns that may impact student's transportation). _____		

<u>Student Medical Requirements/Specifications for Transportation Purposes</u> <i>(To be completed in conjunction with the Nurse/Physician Assessment and/or Behavior Intervention Plan BIP. Attach supporting documentation)</i>	<u>YES</u>	<u>NO</u>
5. Does the student have a physical disability that is life threatening and requires monitoring threatening, interpretation, or intervention as determined by the site or special service itinerant nurse?	_____	_____
6. Does the student use: <i>(circle devices and attach assessment)</i> <div style="display: flex; justify-content: space-around; text-align: center;"> Tracheotomy Tube Helmet Ventilator Oxygen Frequent Suctioning </div>		
7. Does the student experience: <i>(circle experiences and attach assessment)</i> <div style="display: flex; justify-content: space-around; text-align: center;"> Uncontrolled Seizures Apnea Severe Hypotonia <i>(causing potentially obstructed airway)</i> </div>		
8. Does the student use: <i>(circle device and include width)</i> <div style="display: flex; justify-content: space-around;"> Walker / width _____ Wheelchair / width _____ </div>		
9. Is the student affected by a chronic medical condition that limits his/her ability to walk to and from school? If yes, explain: _____	_____	_____
10. Does the student need a child safety restraint system (CSRS)? <div style="display: flex; justify-content: space-around;"> Student's Age _____ Student's Weight _____ </div>	_____	_____
11. Does the student exhibit behavior that is aggressive or dangerous? If yes, explain: _____	_____	_____
12. Does the student exhibit behavior that is aggressive or dangerous? If yes, explain: _____	_____	_____

In the event of an accident/situation that requires student to be transported by an emergency vehicle are there special instructions to be followed (can student be laid on back, side, must they be transported in an upright position, etc.)? _____
 Include any and all specifications. _____

Parent/Guardian Signature _____ Date _____