

**Individual Transportation Plan (ITP)**  
For Students with Special/Individual Needs

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address/P.O. Box, etc: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Program: \_\_\_\_\_ Classroom Location: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

**SECTION A: PLANNING THE LEAST RESTRICTIVE  
TRANSPORTATION ENVIRONMENT**

**Can this student be transported by their home school district with their peers?**

- Yes, with no modifications or support
- Yes, with modifications specified below
- No, needs special transportation with modifications noted below

**Change of Route**

- To meet the student's medical/behavioral needs
- To lessen exposure to traffic
- Length of time on bus
- Other: Specify: \_\_\_\_\_

**Environmental conditions**

- Weather factors: Specify \_\_\_\_\_
- Street /sidewalk conditions: Specify \_\_\_\_\_

**Change of Pick Up/Drop off Location**

- Pull in drive to pick up/drop off
- Pick up/Drop off on residence side
- Pick up/ Drop off at school entrance that allows for less congestion or more supervision
- Other: Specify: \_\_\_\_\_

**Required Seating**

- Front of bus
- Assigned seat
- Seating with limited access to other riders
- Away from door or rear window
- Window Seat
- Seated with feet on floor or low floor bus
- Seated out of emergency exits
- Other: Specify: \_\_\_\_\_

**Are assistance/special accommodations necessary in the following areas?**

**Discharge of Student-** Can this student be discharged from the bus without an adult waiting to receive him/her?

- Yes
- No

**Supervision/Assistance When Taking Transportation:**

- To board bus/on steps
- To remain safe in “danger zone” – from all sides of the bus
- To cross street or safely navigate into home/school
- To stay seated upright on the seat in the compartment
- To maintain appropriate/safe behavior
- To avoid contact with emergency exits
- To avoid putting anything out of the windows
- To navigate emergency exit
- To leave bus in the event of an emergency (specify procedure above)
- Other: Specify:

Person(s) responsible: \_\_\_\_\_

Level of assistance: \_\_\_\_\_

**Communication:**

- Verbal
- ESL
- Sign Language
- Communication Board
- Picture System
- Gestures
- Others

**Equipment**

- Auditory equipment
- Stepstool access
- Safety vest/harness (can be used on traditional bus seat without lap belt or reinforced seat with lap belt) \_\_\_\_\_  
Waist size with outer clothing \_\_\_\_\_ Waist size without outer clothing \_\_\_\_\_  
Person (s) responsible for putting vest on/off \_\_\_\_\_  
Person(s) responsible for connecting vest to mount \_\_\_\_\_  
Person(s) responsible for installing mount \_\_\_\_\_
- Child safety seat \_\_\_\_\_ weight \_\_\_\_\_ height \_\_\_\_\_
- Wheelchair  
Person responsible for attaching chair \_\_\_\_\_
- Safety items on the bus:
  - Transport of Auxiliary equipment according to appropriate guidelines
  - Child safe belt cutter (needed for students in occupant restraints)
  - Non-latex gloves
  - Evacuation blanket

- Safety items on the bus (continued):
  - Basic First Aid kit and emergency numbers
  - Belt extender
  - Body fluid clean-up kit
  - Other: Specify: \_\_\_\_\_

**Procedural Safeguards for Medical/Behavioral Concerns:**

- Medical crisis intervention plan (attached)
- Behavioral intervention plan (attached) with training
- Crisis management plan that can be implemented from the bus
- Do Not Resuscitate Order
- Oxygen or ventilator: Specify: \_\_\_\_\_
- Cardiac Problems: Specify: \_\_\_\_\_
- Seizure precautions: Specify: \_\_\_\_\_
- Asthma or Other Respiratory Conditions: Specify: \_\_\_\_\_
- Allergy precautions: Specify: \_\_\_\_\_
- Shunt precautions: Specify: \_\_\_\_\_
- Feeding Tube or Significant Swallowing Problems: Specify: \_\_\_\_\_
- Fragile Bones or other orthopedic precautions: Specify: \_\_\_\_\_
- Medication side effects: Specify: \_\_\_\_\_
- Other: Specify: \_\_\_\_\_

**SECTION B: TRAINING AND SUPPORT**

Yes  No  Does the student need a test ride?

Date to be completed \_\_\_\_\_

**Summary of Transportation Plan** (include only the accommodations that are required to transport)

Date provided to bus company \_\_\_\_\_

**Next Steps Required**

Yes  No  Training required for staff, drivers, parents, caregivers, and/or students

Type of Training needed \_\_\_\_\_

Participants \_\_\_\_\_

Date of Training \_\_\_\_\_

Yes  No  Is transition support needed?

- Pre K to elementary, see ITP Skill Sheet
- Elementary to middle, see ITP Skill Sheet
- Middle school to high school, see ITP Skill Sheet
- Transition age - Part B Individual Transportation Plan

**Notification to Parent/Guardian:**

If there are any changes in your child’s medical or behavioral status which you believe may merit changes in staffing, precautions to be taken, interventions, restraint, or any other procedure discussed above, contact the building administrator, or appropriate Educational Supervisor and the Transportation office.

Contact Person \_\_\_\_\_  
Name Phone number

A change in residency (a new address) requires a three (3) business day notification to school district supervisor to reevaluate this plan.

\_\_\_\_\_  
Parent/Guardian Signature Date

Individual transportation plan committee participants:

\_\_\_\_\_  
Transportation personnel Title Date

\_\_\_\_\_  
Parent Title Date

\_\_\_\_\_  
Name Title Date

\_\_\_\_\_  
Name Title Date

To signify that this plan has been reviewed and still remains current as documented, initial and date:

\_\_\_\_\_/\_\_\_\_\_  
Initials/Date Initials/Date Initials/Date Initials/Date Initials/Date