

SPECIAL NEEDS TRANSPORTATION

GOVERNMENT GUIDELINES 2007

**DEPARTMENT OF EDUCATION
(TRANSPORTATION DIVISION)**

RE: APPLICATION FOR SPECIAL TRANSPORTATION

The process advocated is as follows:

1. Application by the Individual Support Services Planning Team.
2. Forwarding of Consent for Release of Information and medical certificate to parents by Administrator.
3. Forwarding of completed application, Consent for Release of Information and medical certificate to Program Specialist - Student Support Services by Administrator.
4. Forwarding of all applications to the Supervisor, School Transportation, Department of Education.

Note: Students with long term disabilities will be redocumented every five (5) years

If you have any concerns or questions, please feel free to contact Paulette Jackman at 729-6450 or Lloyd Laing at 729-2484.

ELIGIBILITY OF STUDENTS

- A. A student may receive special transportation through a School District to attend classes if that student
 - (i) is certified by the support services planning team to be unable to walk to school or ride a regular school bus (with/without specific modifications), and
 - (ii) is certified by a legally qualified physician to be eligible, as per Appendix D.
- B. A student will be transported two trips per day only (1 trip = home to school or vice versa), unless a situation is deemed to be life threatening for the student.
- C. A student will only be transported to a school in his/her neighborhood, as designated by the District, unless special circumstances prevail. Approval must be given by the Department of Education - Student Support Services Division before such a move or placement outside the neighborhood school is considered.
- D. Special transportation will not be approved for a period of less than 4 weeks duration.
- E. All forms, attached in Appendices B, C and D, must be completed in full. If any portions thereof are missing, the application will be returned to the school district office for completion.
- F. The District shall ensure that the stipulations in the tender adhere to the guidelines in Appendix F. Clamping, belting and seating systems must be specified and be the least restrictive possible, yet ensure the safety of the student.

TRANSPORTATION GUIDELINES

- A. All special transportation must be arranged in accordance with Department of Education Policies and any other rules and regulations that apply.
- B. Tenders should include daily or monthly rates (**daily rate preferred for students transported individually**).
- C. Specifications within this tender call should state any special requirements as outlined in Appendix F.
- D. Parents of pupils to be transported are eligible to submit a bid.
- E. The School District and the contractor may agree to continue a contract (Appendix A) from the previous year if there is no change in the service required or cost and, safety requirements are not violated.

FAMILY RESPONSIBILITY

Parents play a tremendous role in the preparation of their child for his/her school day. Hopefully, everything goes well during this preparation so that the child is ready and happy to go to school on time. The parents/guardian have the responsibility:

1. To properly clothe, according to weather conditions;
2. To see that any special equipment such as wheelchair, etc., is ready and in good working condition;
3. To make certain that all bodily needs are performed;
4. To have the child at the designated place on time, assist the child in boarding, and be available to assist when he/she returns home;
5. To give the driver any instructions or information necessary when there is any change from the normal routine;
6. To notify the school, driver and/or school district, in advance, if the child will not be attending school, failure to do so could result in the parent/guardian being charge a fee for the service;
7. To advise the child that it is very important to wear the seat belt or other safety devices, if supplied, until arrival at the destination;
8. To complete the necessary documents supplied by the District and to see that a proper Medical and Consent for Release of Information Forms are attached;

SCHOOL DISTRICT RESPONSIBILITY

The School District's responsibility shall be to:

1. Arrange for special transportation in accordance with Department of Education Policies;
2. Ascertain that the vehicle used is in good mechanical condition;
3. Ascertain that there is adequate insurance coverage;
4. Plan routes and stops along these routes;
5. Ensure contractor, student, and parents work in harmony;
6. Ensure, if necessary, that proper facilities are available at school to handle specialized equipment e.g. ramps, wheelchairs;
7. Ensure the parent is provided with the following information;
 - (a) The time the driver will pick up their child;
 - (b) The exact location where their child will be picked up and returned;
 - (c) The time they can expect their child to return home so that someone will be there;
 - (d) The arrangements made in the event of bad weather.
8. Work out a plan with the parents and driver to deal with emergencies that may arise;
9. See that the driver has an "in-bus" list of parents' and doctors' telephone numbers for assistance in case of emergencies such as fire, respiratory or heart failure, and mechanical breakdown;
10. Maintain an inventory of all District equipment;
11. Adhere to the pick-up and drop-off points as agreed in the tender. Ensure that parents make alternate arrangements if these points vary;
12. Assign personnel to assist students to and from the designated vehicle at school, if required.

CONTRACTOR RESPONSIBILITY

The contractor shall be responsible for:

1. Ensuring, if possible, same driver with the appropriate class license for at least one year;
2. Ensuring one additional inspection to vehicle 6 months after regular inspection and/or as required by the District;
3. Providing proof of valid driver's license as required;
4. Providing proof of insurance, in the form of a copy of the policy, to the District prior to the commencement of the service, contain an endorsement stating that the District will be notified by the insurer of any changes in, or cancellation of the policy, 15 days before changes are made, and provide a renewal certificate prior to the policy expiry date. The insurance coverage shall apply to field trips and other curricular activities requiring transportation;
5. Ensuring safety sign, if provided, is placed in position;
6. Ensuring regular pick-up time of students;
7. Abiding by the guidelines of the contract;
8. Abiding by the stipulation of all policies and regulations which govern school transportation;
9. Employing drivers who are of good character, clean, tidy and presentable at all times, and are physically fit and able to assist students in and out of the vehicle;
10. Providing a clean, tidy and presentable vehicle at all times;
11. Ensuring vehicle is checked on a day to day basis;
12. Reporting all students' medical and conduct problems immediately to the parents, to the school administrator, or other person designated by the School District. Any disciplinary action will be the responsibility of the School Administrator;
13. Assisting in fastening seat belts where assistance is required and ensuring that all belts, hold-downs and seats are fastened before setting the vehicle in motion;
14. Properly securing all wheelchair locking devices immediately after entering the vehicle and never having more than one (1) wheelchair loose or free in the vehicle ready for unloading at any time;

15. Complying with the respective school regulations and rules as set down by the District with regard to driveways and entrances to be used, speed on school property, backing up, etc;
16. Ensuring the driver shall not smoke, eat or drink while transporting children, or use profane or abusive language in their presence;
17. Ensuring the driver is not on duty while performance is impaired by any drug or alcoholic beverage;
18. Ensuring the driver attends any safety courses offered, if requested by the District;
19. Maintaining equipment, such as seat belts and special equipment, in proper working order;
20. Making no adjustment to the established route without prior approval of the District;
21. Carrying no passenger other than a passenger approved by the District while transporting special needs students;
22. Remaining with the vehicle at all times;
23. Provide to the School District a Police Abstract and a Certificate of Good Conduct from the local police department.

SPECIAL NEEDS TRANSPORTATION

FINANCIAL SECTION

District: _____

Student's Name: _____

Street Address: _____

Community of Residence: _____

School Name: _____

Grade: _____

Distance Traveled (One Way): _____

Transportation Cost: _____ Per: _____

Contractor's Name: _____

Renewal _____ Extension _____ Tendered _____

If Tendered: Attach Copy of Tender and Bids

Effective Date: _____

Vehicle Type: _____

Comments: _____

Assistant Director (Finance and Administration)

Date

AGREEMENT FOR SPECIAL TRANSPORTATION

YEAR _____

This agreement made this _____ of _____, _____ between

_____, _____
Contractor Address

_____ hereinafter called the "Contractor" and
Telephone Number

_____ hereinafter called "the district"

Shall commence _____ and shall, subject to Article 3(a)

terminate at the end of the current school year.

1. The Contractor shall during the term of this agreement:

- (a) (1) Provide transportation to and from school for pupils designated under Section 2 of this contract.
- (2) Use a properly licensed motor vehicle or vehicles, and conform with all regulations pertaining to the transportation of pupils, and maintain such vehicle or vehicles in a clean and sanitary condition.
- (3) At all times, keep the vehicle or vehicles fully insured as required under the Highway Traffic Act; provide a copy of the policy to the District prior to the commencement of the service containing an endorsement stating that the District will be notified by the insurer of any changes in or cancellation of the policy 15 days before changes are made, and provide a renewal certificate prior to the policy expiry date. The insurance coverage shall apply to field trips and other curricular activities requiring transportation. In the event of an accident causing personal injury to a pupil, the contractor shall not be relieved from liability by reasons of operating the vehicle off the specified route.
- (4) Provide to the District, driver's abstract and a letter of good conduct on any driver used to transport students, as requested.
- (b) Make no adjustment to the established route without prior approval of the District.
- (c) File with the District details of vehicle inspection certificate or certificates, name or names of driver, the class licence of the driver(s), and medical certificates of the driver(s).
- (d) Carry no passenger other than a passenger designated by the District while transporting students with special needs.
- (e) Comply with District policy, the policy and regulations of the Departments of Education and Government Services and encourage all drivers to attend any seminar the District may conduct or that may be conducted by a third party on behalf of the District, with the object of improving school bus safety.
- (f) Not assign this agreement without the prior written permission of the District.

APPENDIX A CONT'D

2. The District and the Contractor agree that the District may vary at any time
- (I) the route to be followed by any vehicle used in the transportation service and without additional compensation provided that any extension to the regular route is not more than 1.6 kilometers. For the purpose of this sub-paragraph (I), "extension" means the single journey, one way, beyond the regular route.
 - (ii) the points of commencement of the routes of any such vehicles;
 - (iii) the time schedule of any such vehicle, and
 - (iv) the passengers assigned to any such vehicle as long as the capacity of the vehicle is not exceeded.

3. The District in consideration of the transportation service provided shall pay the contractor as follows:

<u>Student Name/Contract Number</u>	<u>Address</u>	<u>Daily /Monthly Rate</u>
_____	_____	_____
_____	_____	_____

(a) Special Provisions:

(b) Where the service provided hereunder is based on a daily rate, payments will be contingent upon school attendance. In cases where only one trip per day is provided, the payment will be half the daily rate.

4. This agreement may be terminated forthwith by the District where, in the opinion of the District:
- (a) The service is no longer required.
 - (b) The Contractor has failed to fulfill any of the provisions of this agreement.
 - (c) The safety of any pupil is endangered by the manner in which the vehicle is operated.

Signed, Sealed and Delivered in the presence of:

Witness Contractor

Date

School District _____

Witness Authorized Signature

Date

DEPARTMENT OF EDUCATION

APPLICATION FOR TRANSPORTATION: STUDENTS WITH SPECIAL NEEDS

TO BE COMPLETED BY THE SCHOOL AS PART OF THE SUPPORT SERVICES PLANNING PROCESS AND FORWARDED TO THE PROGRAM SPECIALIST - STUDENT SUPPORT SERVICES

Student's Name: _____ Date of Birth: _____

Grade: _____ MCP # _____

Parent/Guardian Name(s): _____

Residential Street Address: _____ Phone #: _____

Community of School: _____ Name of School: _____

Is student attending his/her neighborhood school Yes No

If no, explain: _____

Distance between addresses above: _____

Is there student assistant(s) support for this student? Yes No

Will a student assistant accompany this student while in transit? Yes No

Would the provision of student assistant support enable this student to access regular modes of transportation? Yes No

Will the pick-up or drop-off points ever vary from the addresses given above? (See note below) Yes No

If yes, explain: _____

NOTE: If these arrangements do not create any financial or time changes to the existing transportation routes, all efforts should be made to accommodate the request. If changes are necessary, please ask parents/guardians to make alternate arrangements.

APPENDIX B CONT'D

1. Nature of Disability: _____

2. Adaptive Equipment required to accompany the student:

Daily _____

Weekly _____

Method of transportation and **TENDER** recommendations (e.g. seating, straps, lifts, position, storage requirements for the individual's adaptive equipment).

3. **REMINDER:** 1. Please ask parent/guardian to sign a Consent for Release of Information if one has not already been completed.

2. Please ask parent/guardian to provide the completed Medical Certificate to the Principal.

4. Explain rationale for requesting special transportation. _____
(If rationale is behavioural, please give specifics.)

5. With guidance/education and/or necessary personal equipment, could this student walk to or ride a regular bus to school? Yes No

Explain: _____

6. Number of Trips Per Day _____

TRIP refers to one way only (e.g. home to school = 1 trip; school to home = 1 trip).

7. If the number of trips exceeds two (2) per day, explain reason. _____

Note: This can only be granted if circumstances are deemed life threatening for the student.

APPENDIX B CONT'D

8. If this student's times for arrival and/or departure varies from the remainder of the school, provide rationale: (Special transportation is provided on the assumption that students attends for a regular school day as his/her age peers)

Note: Transportation schedules should not be a rationale for shortened school day.

9. Presently, could any buses or taxis, which meet the standards recommended, pass this student's place of residence? Yes No

If **no**, could vehicle be adapted to meet the student's needs? Yes No
(Please explain below.)

If **yes**, is there room on the bus/taxi to transport the student? Yes No

If **yes**, are there financial or other reasons (e.g. time) why the student should not use existing services? Yes No

If you have answered yes to either of the four statements, please comment below:

-
11. Support Services Planning Team Members:

Signature

Signature

Signature

Administrator Signature of Administrator

Date

Please send form to Program Specialist - Student Support Services.

CONSENT FOR RELEASE OF INFORMATION

I, the undersigned, grant permission for the _____ School District and/or Department of Education to request all relevant health and school information pertaining to my child _____

_____ (student's name) from _____

(agency). This information is to be used solely to facilitate support services planning for my child. I understand that this information is to remain confidential and will be used only by the School District/Department of Education to ensure that my child can fully benefit from his/her school's educational program.

I understand that this consent will remain in effect until revoked by me in writing.

Parent/Guardian

Witness

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Relationship to Child: _____

Relationship to Child: _____

Date: _____

Date: _____

RETURN TO ADMINISTRATOR

MEDICAL CERTIFICATE: SPECIAL NEEDS TRANSPORTATION

Approval for special needs transportation should be based on the student's specific needs and the least restrictive mode considered. **All efforts should be designed to promote a model of wellness, foster independence, and provide the opportunity for the student to remain with his/her peers and transition back to regular transportation, if and when possible.**

Special needs transportation should only be considered in the following situations:

1. Where the student has suffered a **temporary** illness or injury or where he/she is injurious to self or others and where short-term intervention is required and where the student cannot get to and from school with adaptation(s) to the regular modes of transportation presently available.
2. Where the student's disability/condition is **permanent** and where the interventions available are not sufficient to enable the student to access the regular modes of transportation. For example, a student with multiple handicaps of a physical and cognitive nature.
3. Where the **teaching** of education or health skills/behaviors must occur before the student accesses the regular mode(s) of transportation. For example, the student must learn the use of assistive devices such as a white cane; perform personal care functions such as catheterization; develop self-regulatory behavioral strategies such as the skills required to avoid physical confrontations.
4. Where school personnel require a period of up to three months for specific **training** from health care professionals in order to perform functions for a student (for example, gastrostomy feedings).

In order to approve special needs transportation, it is necessary to determine why this student cannot walk to and from school, or use the regular bus system. The following information will assist in this process.

Name _____ Date of Birth _____

Home Community _____ School _____

1. **Diagnosis** _____

APPENDIX D CONT'D

2. Functional Status

	Yes	No
a. Is student ambulatory?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is he/she physically able to climb stairs of the bus?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is he/she able to be taught to climb the stairs?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is student capable of walking 1.6 km to school.	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the student('s)		
(i) having uncontrolled seizures	<input type="checkbox"/>	<input type="checkbox"/>
(ii) using a wheelchair for mobility	<input type="checkbox"/>	<input type="checkbox"/>
(iii) abusive to self and/or others	<input type="checkbox"/>	<input type="checkbox"/>
(iv) unable to recognize danger	<input type="checkbox"/>	<input type="checkbox"/>
(v) condition degenerating	<input type="checkbox"/>	<input type="checkbox"/>
(vi) having problems with balance and coordination in walking. Thus it is unsafe for him/her to independently ambulate (up to 1.6 km)	<input type="checkbox"/>	<input type="checkbox"/>
(vii) other _____	<input type="checkbox"/>	<input type="checkbox"/>
3. a. If regular busing is available, the student is capable of using this service.	<input type="checkbox"/>	<input type="checkbox"/>
and		
b. Please list the specific vehicle adaptations or skill (behavioral or physical) required for this student to get to and from school via a regular bus (e.g. bus with hydraulic lift).		

PROGRAM SPECIALIST - STUDENT SUPPORT SERVICES FORM

The request for special needs transportation for _____
(name of student)
has been reviewed by me and I recommend the following:

_____ Since the request appears appropriate and the application, medical certificate and request for release of information are in order, I recommend approval of this request.

Reason: _____

_____ I do not recommend approval.

Signature: _____
Program Specialist - Student Support Services

Date: _____

The completed documentation should be forwarded to the Supervisor, School Transportation, Department of Education. Incomplete documentation will be returned to the school district.

STANDARDS FOR THE TRANSPORTATION OF STUDENTS WITH SPECIAL NEEDS TO ASSIST WITH SUPPORT SERVICES PLANNING

Remark

Standard sling type wheelchairs are neither designed nor tested for protecting the occupant from a crash in a moving vehicle. Although this is a recognized fact, technology has not provided, to date, safety devices or the federally approved equipment necessary to protect all students with special needs.

The following guidelines are designed to be used when planning for the transportation of students with special needs. If you have questions or concerns re these guidelines, please contact the Occupational Therapist with the Regional Community Health Board or relevant Health Care Institutions.

Guideline 1:

- A. Students who can transfer or be transferred to a passenger seat with federally approved seat belts - hip and shoulder strap, and can maintain their sitting balance, should be transported in this manner. Students must be transported in accordance with the provisions of the Highway Traffic Act.
- B. Students should ride in the back seat.
- C. Wheelchair/stroller/crutches/lap tray must be secured safely during transportation.

Guideline 2:

- A. Students who require postural supports in their wheelchairs and can be accommodated in a federally approved car seat (e.g. Britex, Carrie Car Seat, Orthokinetic travel chair) should be transported in that manner.
- B. Students should ride in the back seat.
- C. Wheelchair/stroller/crutches/lap tray must be secured safely during transportation.

Guideline 3:

Students who can not be removed from their wheelchair must be transported in a wheelchair accessible van or bus with the following specifications:

- A. (I) Student to be restrained in the wheelchair with safety belt attached to the vehicle in conjunction with (ii).

APPENDIX F CONT'D

- (ii) The wheelchair must be restrained with federally approved devices (e.g. Q restraint) in conjunction with (I).
- B. All wheelchairs should be placed in the forward or backward position unless alternate restraint methods are provided that meet Federal standards. Sideways transportation is unacceptable.
- C. All removable items - lap trays, inserts not in use, ramps, etc. must be secured safely within the van/bus during transportation.
- D. Standard C.S.A. D409-02, as amended apply in addition to the above.

Guideline 4:

Students who, for medical reasons, require transportation lying down should be provided with the H strap restraint (e.g. E-Z-ON Vest) and transported in the back seat.

Guideline 5:

Students requiring additional safety straps should be provided with same, as part of the tender. These safety straps should be designed to protect the student and those in his/her immediate environment as necessary.