

## Procedures for the Transportation of Students with Disabilities

### Introduction

The purpose of establishing transportation procedures for students with disabilities is to ensure that transportation of students with disabilities is consistent with the requirements of the law and provide for the safe transportation of students with disabilities.

The Special Education member districts provide free transportation services to any child with a disability who requires special transportation services because of a disabling condition or special program need. Whenever a child's disabling condition requires that the child cannot be safely transported on the regular school bus route or when the child is transported on a special route for the purpose of attending an approved special education program, the member districts will provide such transportation or contract with the parent to transport.

It is the practice of the Special Education member districts to ensure that the length of time a child with a disability spends in transportation be appropriate to the physical, mental, and emotional well-being of the child.

The member districts reserve the right to determine the type of vehicle used to transport students with disabilities. The decision on the type of vehicle will be based on the disabling condition of the child and all vehicles used to transport students with disabilities will comply with MN Statutes.

Vehicles used to transport students with disabilities will be equipped with a two-way communication system, cell phone, or have a bus monitor or both, to provide the necessary assistance and supervision, unless these accommodations are not necessary or through mutual agreement between parents and the school district.

Specially adapted seats, supports, and/or protective devices will be provided for all students who require these devices to ensure their safety in transportation. These devices will be selected by the school district in consultation with the student's parents and on the basis of the specific needs of the student with the disability.

District IEP teams will determine the need for supplementary aids and services for transportation to and from nonacademic and extracurricular activities to allow students with disabilities an equal opportunity to participate in these activities.

Each of the member districts have developed and approved comprehensive written policies governing student transportation safety, including transportation of nonpublic school students. These policies include all of the provisions of Minn. Stat. § 123B.91, subd. 1. Each of the member districts has designated school transportation safety directors to oversee and implement student transportation policies. Contact your school's transportation director through you district's main office.

District special education teachers who case manage students with disabilities with health related and/or behavioral/emotional concerns, are required to complete a typewritten **Bus Emergency Card**, which will be kept in a locked place and will be made available to the bus driver and/or bus monitor assigned to the student/bus.

The Special Education member districts will provide transportation to students with disabilities in accordance with all Minn. Statutes related to transportation of students with disabilities, including those related to placement, nonpublic schools, Enrollment Options, ALCs, Charter Schools, State Academies, and Care and Treatment.

## Documentation

- School District Policies for Transportation of Public School Students. Transportation of Nonpublic School Students, and Student Transportation Safety Policies (filed in each district)
- Financial Accounting for Student Transportation (filed in each district office)
- [Bus Emergency Health Information Card](#)
- [Special Transportation Checklist](#)
- [Transportation Contract with Parents](#)
- [Required Training for Bus Drivers Who Transport Student With Disabilities Checklist](#)
- [Example Flyer for Bus Driver Training](#)
- [Position Description for Drivers and Transportation Monitors](#) (See each districts position description file at individual district)
- [Example Request for Special Transportation](#)
- [Example Supplemental Transportation Information for Special Needs Students](#)
- [Notification of Intent to Offer Extended School Year Services](#)

## Bus Health Emergency/Behavior Information Card

Learner's Full Name		<b>Picture of Learner</b> If available	
Address			
Case Manager			
Mode of Communication	Disability		
Emergency Health Care Information			
<b>Behavioral Information</b>			
Doctor		Phone #	
<b>Name</b>		<b>Day Phone</b>	<b>Evening Phone</b>
Parent(s)			
Emergency Contact			
Emergency Contact			
<b>Home Directions</b>			
<b>Day Care Directions</b>			

## Special Transportation Checklist

While most students with disabilities receive the same transportation services as non-disabled children, it is the responsibility of the IEP team to determine whether the student's disability prevents the student from using the same transportation provided to non-disabled students. In developing recommendations for special transportation, IEP teams should consider the following relating to a student and his/her disability:

\_\_\_ Mobility issues: Is the student non-ambulatory, wheelchair bound?

\_\_\_ Communication: Is the student hard of hearing; nonverbal; has limited understanding of questions and directions; non-English speaking?

\_\_\_ Physical: Does the student need assistive devices to maintain a sitting position; need assistance walking and going up and down stairs?

\_\_\_ Health need: Does the student have seizures; fatigue that causes him/her to fall asleep on bus; require oxygen equipment?

\_\_\_ Behavior: Does the student have significant behavioral issues; physically abusive to other students; attempts to get off the bus; is self-abusive?

Special Transportation should not be considered for any child who is capable of riding the regular school bus.

## Transportation Contract with another Minnesota School District

Effective \_\_\_\_\_, the \_\_\_\_\_ School Districts agrees to transport \_\_\_\_\_, a resident of the \_\_\_\_\_ School District to \_\_\_\_\_ from \_\_\_\_\_.

The \_\_\_\_\_ Schools will charge a fee of \$ \_\_\_\_\_ per mile. The \_\_\_\_\_ will provide an itemized bill at the end of the school year for all trips and corresponding costs.

The \_\_\_\_\_ School District agrees to indemnify the \_\_\_\_\_ School District and its employees in any and all claims arising or may arise against the \_\_\_\_\_ Schools and its employees as a consequence of any act or omission direct or indirect on the part of the District or its employees while engaged in the performance of this agreement. The \_\_\_\_\_ School District agrees that it will defend, indemnify and hold harmless the \_\_\_\_\_ School District and its administration, Board of Education, and employees against any and all liability, claims, losses, damages, punitive or otherwise, costs expenses, lawsuits and attorney's fees which the district or its administration or employees may sustain, incur, or be required to pay during or after the term of this agreement arising out of or by reason of:

- Any student suffering bodily or personal injury, death, or property loss or damage while being transported in a vehicle owned, operated, leased or otherwise contracted for by the \_\_\_\_\_ School District.
- Any other student also being transported causing injury to, or damage to, the person or property of the \_\_\_\_\_ School District student being transported by the \_\_\_\_\_ School District.
- Any negligent or willful act or omission of the \_\_\_\_\_ School District or its employees which causes bodily or personal injury, death, property loss or damage to a \_\_\_\_\_ School District student while being transported in a \_\_\_\_\_ School District vehicle.

We the undersigned, agree to the terms and conditions of this contract.

\_\_\_\_\_  
Transportation Director Date

\_\_\_\_\_  
Public School Representative Date



## Required Training for Bus Drivers Who Transport Students with Disabilities

Minnesota Department of Public Safety rules at Minn. R. 7470.1700, Subp. 3, require that each bus driver assigned to a vehicle transporting students with disabilities must:

- be instructed in basic first aid and procedures for the students under their care;
- within one month after the effective date of assignment, participate in a program of in-service training on the proper methods of dealing with the specific needs and problems of students with disabilities;
- assist students with disabilities on and off the bus when necessary for their safe ingress and egress from the bus; and
- ensure that protective safety devices, as required in part 7470.1600, subpart 6, are in use and fastened properly.

The following VHS videocassettes are available from the MDE lending library:

Minnesota Association for Student Transportation Series:

_____	Introduction to the Special Needs Bus	_____	Loading and Unloading the Special Bus
_____	Wheelchair Management	_____	Emergency Evacuation of the Special Bus
_____	Transporting the Emotionally Disturbed	_____	Students with Hearing Disabilities
_____	Students with Mental Disabilities	_____	Students with Orthopedic Disabilities
_____	Transporting the Physically Disabled	_____	Students with ADD/ADHD Disabilities
_____	Students with Visual Disabilities		

School Bus Safety, Strategies Training Systems and MN Association for Student Transportation with cooperation from the Minnesota Department of Education and the Minnesota Department of Public Safety, 1995.

_____	Volume I	Early Childhood Education
_____	Volume II	Kindergarten
_____	Volume III	Primary Grades (1-3)
_____	Volume IV	Intermediate Grades (4-6)

\_\_\_\_\_ Trouble Spots, Seven Oaks Productions, Silver Spring, Maryland, 1991. 32 minutes. A three-part series on school bus safety in the loading and unloading areas plus silent positive safety rules segment.

Send order form to MDE Library, MN Department of Education, 1500 Highway 36 W, Roseville, MN 55113, 651/582-8719.

Date Needed: \_\_\_\_\_  
Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Return tapes to MDE Library, MN Department of Education, 1500 Highway 36 West, Roseville, MN 55113.

## Example Flyer for Bus Driver Training

- 10:00 Introduction
- 10:10 View Video: Introduction to the Special Needs Bus
- Discuss rationale/need for proper training
- 10:25 Discuss need for:
- Emergency Procedure Cards
  - Confidentiality
  - Mandated Reporting
  - Knowledge of First Aid Procedures
- 10:40 View Video: Transporting the Emotionally Disabled
- 10:55 View Video: Preventing Problem Behavior on the Bus
- Discussion on how to set limits with students
- 11:30 Break
- 11:40 Continue with viewing videocassettes and group discussion as per bus driver needs
- Board Room Videos Include: Trouble on Board, Managing Crisis Situations, Students with ADD/ADHD
  - Conference Room Videos Include: Loading and Unloading the Special Bus, Wheelchair Management, Transporting the Mentally Disabled
- 12:40 Reconvene in Board Room or group discussion of:
- future training needs
  - Videos available for checkout
  - Complete training evaluation

## Position Description for HVED Bus Drivers

Title: District Driver

Date: April 4, 2000

Dept./Building: Transportation Department

New Position:

Revision: yes

Approval(s): \_\_\_\_\_

Written by: \_\_\_\_\_ Immediate Supervisor's Title: Transportation Director

### *Position Purpose/Basic Function:*

This position provides efficient, safe, and on schedule transportation to I.S.D. # 6013 students and staff.

### *Accountabilities for Specific Jobs:*

85% Drives school vehicle and provides student management to ensure safe student transportation.

10% Bus inspection and general maintenance to ensure the bus is safe, clean, and ready for the day.

5% Student reports, parent contacts, and conferences to help resolve problems that occur on the bus.

### *Authority/Decisions/Accountability:*

The Transportation Department goal is to provide safe, efficient, and on schedule transportation to I.S.D # 6013 students and staff members. This position initiates bus referral/discipline reports, refers vehicle concerns to the mechanics, reports issues involving the Transportation Department to the Transportation Director. This person is responsible to uphold the school district policy and guidelines, and State and Federal regulations. This position reports to the Transportation Director, as do the positions of Secretary, Garage Mechanic Supervisor, and Bus Monitor. There are no positions reporting to this position.

### *Quantitative Data:*

Number of Employees Supervised: Full-time: 0 persons Part-time: 0 persons

Annual Payroll: \_\_\_\_\_ Annual Operating Budget: \_\_\_\_\_

Other Relevant Statistics: May have up to 90 passengers on a bus at any given time.

### *Contacts:*

Within the district:

- Daily contact with students to maintain a positive, safe atmosphere in route vehicle.
- Daily contact with the Transportation Director to keep vehicles maintained, efficient, safe, and on schedule.
- Contact with mechanics to assure that vehicle is in safe operating condition.
- Contact with principals and/or staff members to aid in student management.
- Contact with parents as necessary to aid in student management.

Outside the district:

- Sheriff/Police as necessary to provide information regarding traffic violations.

### *Working Conditions:*

Exposure to dirt, dust, fuel, oils, extreme temperatures, inclement weather, passenger noise, student management issues, and continuous traffic and safety concerns.

***Equipment Operation:***

Visual and general inspection of vehicle. Operation of general maintenance equipment including vacuums, power washers, brooms, fuel pumps, radio and video equipment or other equipment or tools needed to perform light maintenance of vehicle.

***Qualifications:***

High School graduate or equivalent preferred with a clean driving record for most recent three-year period. Valid Minnesota School Bus driver's license for bus drivers. Valid Minnesota driver's license for van drivers. Prior bus driving experience preferred. Knowledge of vehicle and driver safety. Demonstrated driving skills. Tactful and courteous oral and written communication ability is desirable. Ability to act appropriately in an emergency situation. Ability to drive despite noise, distractions, and interruptions. Ability to drive in severe weather conditions. Ability to maintain a schedule.

## Position Description for HVED Bus Monitors

Title: District Bus Monitor

Date: April 4, 2000

Dept./Building: Transportation Department

New Position:

Revision: yes

Approval(s): \_\_\_\_\_

Written by: \_\_\_\_\_

Immediate Supervisors Title: Transportation Director

### *Position Purpose/Basic Function:*

This position provides efficient, safe, and on schedule transportation to I.S.D. # 6013 students and staff.

### *Accountabilities for specific jobs:*

90% Student management to insure safe student transportation.

10% Student reports, parent contacts, and conferences to help resolve problems that occur on the bus.

### *Authority/Decisions/Accountability:*

The Transportation Department goal is to provide safe, efficient and on schedule transportation to district students and staff members. This position initiates bus referral/discipline reports, refers vehicle concerns to the mechanics, reports issues involving the Transportation Department to the Transportation Director. This person is responsible to uphold the school district policy and guidelines, and State and Federal regulations. This position reports to the Transportation Director, as do the positions of Secretary, Garage Mechanic Supervisor and District Driver. There are no positions reporting to this position.

### *Quantitative Data:*

Number of Employees Supervised: Full-time: 0 persons Part-time: 0 persons

Annual Payroll: \_\_\_\_\_ Annual Operating Budget: \_\_\_\_\_

Other Relevant Statistics: May have up to 90 passengers on a bus at any given time.

### *Contacts:*

Within the district:

- Daily contact with students to maintain a positive, safe atmosphere in route vehicle.
- Daily contact with the Transportation Director to provide safe student transportation.
- Daily contact with District Driver to aid in student management.
- Contact with principals and/or staff members to aid in student management.
- Contact with parents as necessary to aid in student management.

Outside the district:

- Sheriff/Police as necessary to provide information regarding traffic violations.

### *Working Conditions:*

Exposure to dirt, dust, fuel, oils, extreme temperatures, inclement weather, passenger noise, and student management issues.

### *Equipment Operation:*

Operation of radio and video equipment or other equipment or tools needed to aid in student management.

### *Qualifications:*

High School graduate or equivalent preferred. Prior student management experience preferred. Tactful and courteous oral and written communication ability is desirable. Ability to act appropriately in an emergency situation and the ability to perform duties despite noise, distractions, and interruptions.

# Request For Special Transportation

DATE \_\_\_\_\_  
DATE SERVICE TO BEGIN \_\_\_\_\_

For School Year 20\_\_\_\_ - 20\_\_\_\_

- Student New to District
- Change for Current District Student

## Student Information

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name) (Apt.#) (City) (State) (Zip)

Parent/Guardian Name: \_\_\_\_\_ Phone (H): ( ) \_\_\_\_\_

Phone (C): ( ) \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
(Street Number and Name) (Apt.#) (City) (State) (Zip)

- Parent has been contacted to confirm address and phone number. (This is the case manager's responsibility).

Parent/Guardian Name: \_\_\_\_\_ Phone (H): ( ) \_\_\_\_\_

Phone (C): ( ) \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
(Street Number and Name) (Apt.#) (City) (State) (Zip)

- Parent has been contacted to confirm address and phone number. (This is the case manager's responsibility).

## Emergency Information

Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Address: \_\_\_\_\_  
(Street Number and Name) (Apt.#) (City) (State) (Zip)

## School Information

Case Manager: \_\_\_\_\_ Disability \_\_\_\_\_ Attendance Times  
Start Finish

Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Childcare Information (if applicable)

Childcare Name & Address: \_\_\_\_\_  
(Name of Childcare Facility) (Address) (Zip)

Childcare Phone: ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Student has childcare which days?  Monday  Tuesday  Wednesday  Thursday  Friday

## Transportation Information

Kindergarten:  AM Kindergarten  PM Kindergarten  Everyday Preschool:  AM Preschool  PM Preschool

Student is transported which days?  Monday  Tuesday  Wednesday  Thursday  Friday

Pick-up Location: \_\_\_\_\_ Drop-Off Location: \_\_\_\_\_

### Special

- None needed
- Eye to eye: Let student go to house on his/her own\*
- Hand to hand: parent or sitter will meet child at bus
- Wheelchair travels with student
- Wheelchair remains home/school
- Special child seat is required on bus
- Medical alert/behavior alert (see attached)
- Seat Belt  Booster Seat  Car Seal
- Special transportation field trip requirements
- A court order is in place to restrict from picking up child
- Other: \_\_\_\_\_

\* AN ADULT MUST  
BE VISIBLE TO THE  
DRIVER

# Supplemental Transportation Information for Special Needs Students

This form is to be used to share any information about special needs students that would be helpful/essential to the transporter. The information is considered confidential and cannot be shared with any individual not involved in educating or transporting the student.

## Student Information

Student Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mode of Communication: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Wheelchair Needed:  YES  NO  Power  Manual Case Manager Responsible: \_\_\_\_\_

Other Mobility and/or Assistive Devices Used: (List type) \_\_\_\_\_

Is there anything on the IEP specifically regarding special transportation?  YES  NO

Please indicate below on which type of vehicle the student could receive his/her special transportation. If only a van or mini bus is appropriate, please provide rationale below.

Mini Bus	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Van	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Regular bus with lift	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any of the above	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ List any medical/physical conditions that the driver/monitor should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Will the student require any assistance from the driver/monitor for the above listed conditions?  YES  NO

If "YES", what assistance will be needed? Will specific training be needed and, if so, who will provide the training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other behavior/emotional characteristics the driver/monitor should be aware of, including any special instructions for interacting with the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Approval: \_\_\_\_\_

Date: \_\_\_\_\_

## Notification of Intent to Offer Extended School Year Services

TO: Superintendent  
 ISD# \_\_\_\_\_

FROM: Hiawatha Valley Education District (HVED) Cluster Director of Special Education

DATE: March ,

RE: Notification of Intent to Offer Extended School Year Services

HVED is hereby notifying your district of its resident students for whom intends to provide extended school year (ESY) services.

Our district anticipates providing ESY services to the specified student(s). A state tuition bill will be generated for the appropriate share of the costs for services.

Should you have questions, please contact the following person(s).

Glenn Haupt, Executive Director of HVED  
 507-452-1200

Student Name			MARSS #	Primary Disability	Age	DOB	District #	Serving District	Program Name
Last	First	Middle Initial							