

CADDO PARISH SCHOOLS SPECIAL NEEDS EMERGENCY & TRANSPORTATION PLAN

Student Name: _____ DOB: _____ Student Number: _____

School: _____ Teacher Name: _____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Alternate Number for Parent/Guardian (cell phone, work, etc.): _____

Alternate Contact #1: _____ Relationship: _____ Phone #: _____

Alternate Contact #2: _____ Relationship: _____ Phone #: _____

Physician Name: _____ Office Phone #: _____

Hospital Preference: _____ Student Disability/Diagnosis: _____

Medications: _____

Allergies: _____

List any assistive devices or medical technology such as tracheotomy or feeding tubes, ventilator, oxygen, suctioning devices, or protective gear (such as a helmet) needed by the student: _____

List any equipment that must be transported on the bus, including oxygen, life-sustaining equipment, wheelchair equipment, climate control, communication device, walker, etc. _____

Student's method of communication: _____

Student's mode of transport on the bus is: wheelchair car seat seat belt chest harness

If student is in a wheelchair, the transport checklist should include: (check all that apply) lap belt on wheelchair brakes set
 chest harness on headrest and hip abductor in place
 other: _____

Name of Bus Driver: _____ Phone # of Bus Driver: _____

Yes No Has the above named Bus Driver received training regarding the student's special needs?
If yes, list date and type of training received: _____

Name of Exchange Bus Driver: _____ Phone # of Exchange Bus Driver: _____

Yes No Has the above named Exchange Bus Driver received training regarding the student's special needs?
If yes, list date and type of training received: _____

**CADDO PARISH SCHOOLS
SPECIAL NEEDS TRANSPORTATION PLAN – Page 2 of 2**

DRIVER QUICK-REFERENCE FOR POTENTIAL PROBLEMS/RESPONSES

IF YOU SEE THIS . . .

DO THIS . . .

--	--

- Yes No Can student walk up bus stairs independently?
- Yes No Does student require special positioning? If yes, explain: _____
- Yes No Does student exhibit behavior that is aggressive or potentially dangerous?
- Yes No Are there specific "triggers" or situations that are known to provoke the student?
If yes, explain: _____

- Yes No Is there a behavior intervention plan in place for the student? If yes, attach a copy.
- Yes No Is an attendant with specialized training needed? If yes, check any training topics that apply.
 violence prevention training epi-pen training CPR certification
 other specialized training _____

- Yes No Is student dependent on life-sustaining equipment? If yes, attach procedures to follow if equipment fails.
- Yes No Does the student's medical condition require any other special adaptations or restrictions to the bus environment?
(e.g., temperature, light, noise, duration of ride, etc.) If yes, describe: _____

Parent Signature	Date	Nurse Signature	Date
Other	Date	Other	Date
Other	Date	Other	Date