

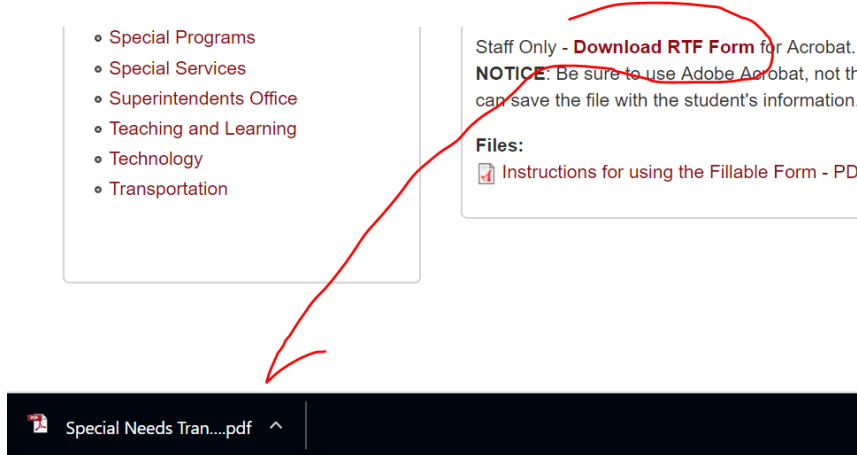
Special Needs Transportation Request OCSD#62

Updated for 2017-18 version.

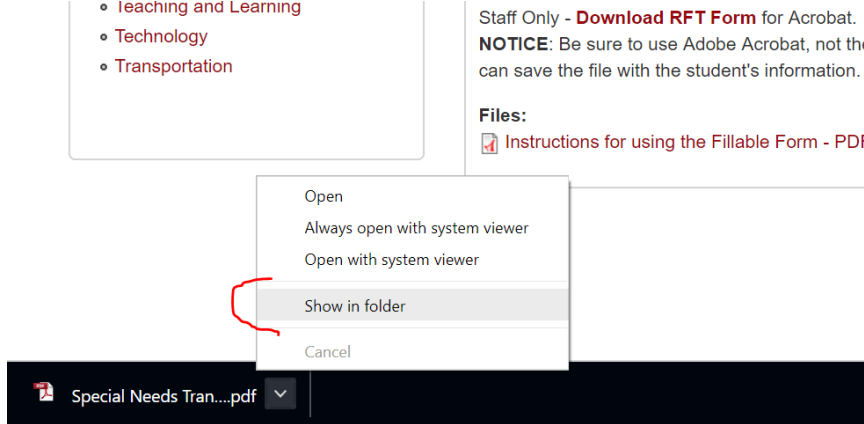
Using the PDF Fillable Form

Download the Request for Transportation Form (RFT) at <http://ocsd62.org/transportation/special-needs> . Do not use in a *web browser viewer*; although you may be able to fill it in, but you will not be able to save it and make corrections.

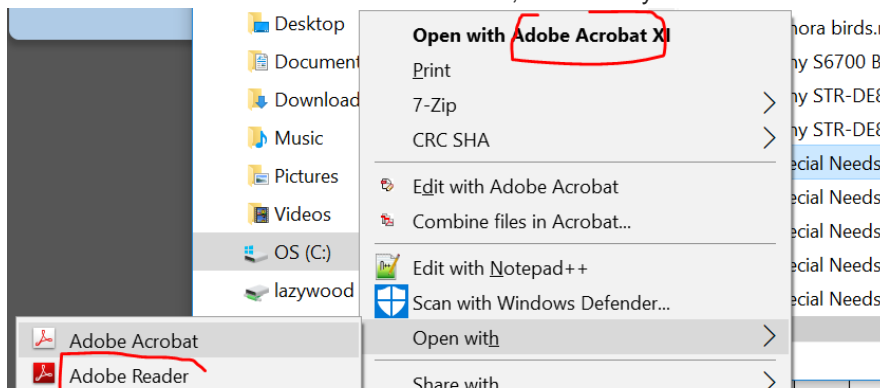
- When you click on the link you should get the downloaded pdf file (this is shown in the Chrome status bar).



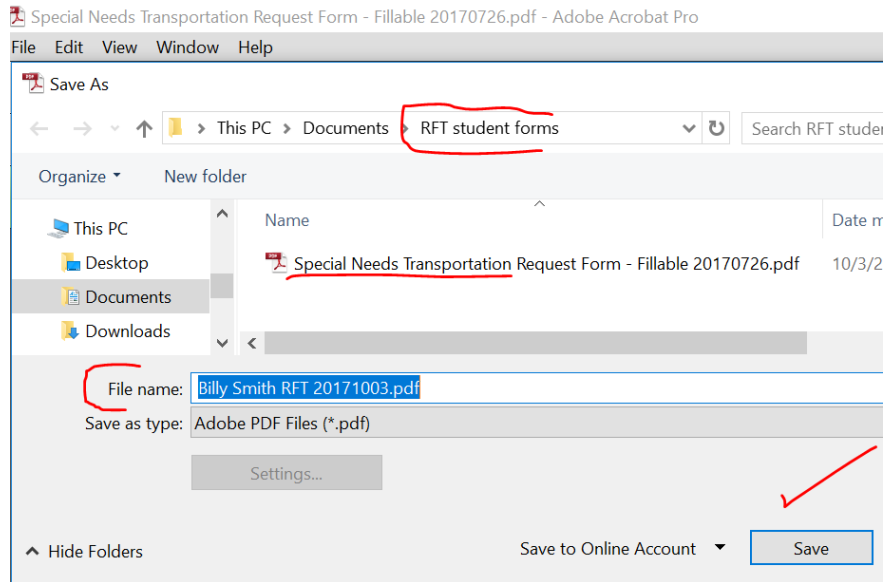
- The next step to force use of the RFT in Adobe Acrobat is to "view in folder", since the viewer could be chrome again.



- Once the folder is viewed in Windows, if the file is **not** shown with the red Acrobat logo - right click for a contextual menu to select Acrobat Reader or Acrobat XI, otherwise you can double click to open the default viewer Acrobat.



- Save the pdf file in a folder where you expect to store student RFT files (e.g. use 'new folder' in your documents folder). You only need to download the PDF form once and use it as a template until the next school year or the RFT form is updated. As long as you open the blank form and save it with a new name, you will retain the blank form as a template. We suggest you 'save as' the blank form with the student's name in the file name (e.g. Billy Smith RFT -date) before filling in that student's data.



PDF Item by Item Instructions

The PDF form has seven sections for categories of information and was designed based on the e-link form. Each Item is illustrated, described and discussed by category section below. After editing and entering the information; follow the instructions at the bottom of this document to deliver the form to Transportation for entry into the database.

Form Type

Request for Transportation - Special Needs			
NEW <input checked="" type="checkbox"/>	CHANGE <input type="checkbox"/>	HAS IEP <input type="radio"/>	YES <input checked="" type="radio"/> NO

- Request** New – indicates that this is a new special needs student in Oregon City Schools
Change – indicates that existing student has a change in program, school, grade or other property.
- Has IEP** Yes – Student has an *Individual Education Program* document with transportation as an added service.
No – No IEP document on file.

Student Information

Student Information			
First Name:	Billy	Last Name:	Smith
Student ID:	12345	Middle Name:	Jones
Grade:	03	Last name Suffix:	Jr
School:	ARATA CREEK	Legal Name:	William J. Smith
Birth Date:	01/30/2007	Home Phone:	503-555-1212
		Gender:	M

- First Name** Enter first name the student goes by at school in the classroom.
- Last Name** Enter last name the student goes by in the school classroom.
- Student ID** Enter the pre-existing numeric student ID in E-Link or Synergy.
If this is a **new student** leave it <blank>.

- Middle Name** Enter middle name, if any.
- Grade** Select grade; e.g.
 - PA – Preschool AM
 - PP – Preschool PM
 - KG – Kindergarten
 - 01-12 Grade
 - GR - Graduate
 - TR – Transition (after HS)
- Last Suffix** Entry optional
- School** Select one of the SN schools or programs.
- Legal Name** Enter legal name, this is especially important.
- Birth Date** Enter date of birth in MM-DD-YYYY format.
- Home Phone** Enter main phone number for child’s residence
- Gender** Select a gender.

Education Program

Education Program	
Program Name: 1 - SPECIAL ED	Location: Carus School
Requestor: Carrie Carus	Program Phone: 503-555-1212
Case Manager: Cassie Menenger	Manager Phone: 503-555-1212
Program Days: Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thr <input checked="" type="checkbox"/> Fri <input checked="" type="checkbox"/>	----- Attendance Times -----
Start Date: Sep 29, 2015	End Date: Jun 6, 2016
Arrival: 9:15 am	Departure: 1:30 pm

- Program Name** Select a program where the special need is provided.
- Location** Enter the location of the program.
- Requestor** Enter name of person requesting transportation (not the case manager)
<blank> requested by case manager.
- Program Phone** Program location **phone #** or requestor phone #. **Do not leave blank.**
- Case Manager** Enter name of Case Manager, if known
<blank> no case manager assigned.
- Manager Phone** Case manager **phone #**
- Program Days** Check the days the program will serve the student.
- Start Date** Enter the date education service begins.
- End Date** Enter date education service ends. Leave blank if unknown.
- Arrival Time** Time student should arrive for safe unloading.
- Departure Time** Time the student will be ready for departure.

Other Information

Other Information	
Special Instructions:	At home pickup behind apartment at siding glass door.
Medical Instructions:	Allergic to bee sting
Other Notes:	Seat away from other. Do not release to Uncle Tony. Supervise at all times.

Transportation Comment Enter information to aid the route bus driver location to park.

Medical Info Enter information for medical emergencies.

Notes Enter additional safety information.

Child Safety Restraint System

Child Safety - Restraint System (CSRS)	Behavior Support Plan <input checked="" type="checkbox"/>	Health Support Plan <input type="checkbox"/>
None:	<input type="text"/>	
Car Seat:	<input type="text" value="Yes"/>	Child Weight: <input type="text"/>
Safety Vest:	<input type="text"/>	Size: <input type="text" value="VL"/> VL Child Weight: <input type="text" value="80"/>
Wheelchair:	<input type="text"/>	

Behavior Support Plan Check if plan will be in place by Start Date

Health Support Plan Check if plan will be in place by Start Date

None **Yes** - No restraints needed during transport on bus
<blank> below marked restraints needed.

Carseat **Yes** - If Carseat is required
<blank> carseat is not required.

Child Weight Weight of child in pounds. Required where carseat=CS.
<blank> carseat is not required.

Safety Vest **Yes** - Safety Vest is required.
<blank> safety vest not required.

Size Select safety vest size: **Small**, **Medium**, **Large**, **XLarge**, **VeryLarge**

VL Child Weight Child weight in pounds, required if **VL** child.

Wheelchair **WC** – Child using a wheelchair
PC – Child using a Power Chair
<blank> no wheelchair.

Supervision Requirements

Supervision Required Check relevant boxes where supervision of student is required:

Supervision Requirements			
Home Pick Up:	<input type="checkbox"/>	Home Drop Off:	<input type="checkbox"/>
		At School:	<input type="checkbox"/>

Check Supervision required at home pick-up

Check Supervision Required at home drop-off

Check Supervision Required at pick-up and drop-off at School

Contact information

Contact Information					
	Name	Home Phone	Cell Phone	Work Phone	Relationship
1	Billy Smith Sr.	503-555-1215	503-555-1216	503-555-1217	father
2	Cathy Smith	503-555-1215	503-555-1218		mother
3	John Smith	503-555-1219			grandfather

Enter the Contact information in the order that should be used by the transportation office in the event of an emergency. The first row contact will be attempted first.

Name Enter First and Last Name
Phone Primary phone number
Cell Phone Mobile phone number
Work Phone Work phone number
Relationship Relationship to Student; mother, father, uncle, grandmother, etc.

Address Information


Address Information						
	Number	Street	Apt.	City	State	Zip
Home:						
Pick Up:						
Drop Off:						
Additional:						
Mailing:						

There is space for five addresses, the student home address is important. Other addresses may be used if they differ from the home address. Enter additional addresses if the student is routinely dropped off or picked up at locations other than home. If the **Additional** Address is used, enter the relationship in parenthesis after the street. Please note that the *home, pickup, and dropoff* addresses require that the *house number be separated from the street name*.

Home Address Enter primary student home address.
Pickup Address Enter house pickup address if not student's home.
Dropoff Address Enter house dropoff address if not student's home.
Additional Address (R) Enter optional house address if sometimes used by student (enter relationship in parenthesis) e.g. Additional - Street: S. Alpha St. (grandfather).
Mailing Address Enter mailing Address if different from home address (e.g. a PO Box in Number). Street = Post Office.

House # #...# -Enter numeric house number only, e.g. **12340**
Street Enter street number - must include prefixes and suffixes, e.g. **S. Maplelane St.**
Apt Enter Apartment or Park Space Numbers and/or letters, e.g. **321A**
City Enter complete city name, e.g. **Oregon City**
State Enter state postal code, e.g. **OR**
Zip Enter 5-digit zip code, e.g. **97045**

Authorization

AUTHORIZED BY:	<input type="text"/>
 Incomplete Forms may cause a delay in service. If you have questions about this form call	<input type="text"/>

Signature Authorization for transportation is normally provided by the Director of Special Needs.
Date Date of approval

Transmit Form to Special Services

Save the file as PDF with the name of the student append to the end (replacing “fillable”) and saving it to a location you can easily find, such as your desktop for home folder.

File name:	<input type="text" value="il Needs transportation request form - Billy Smith"/>	<input type="button" value="Save"/>
Save as type:	<input type="text" value="Adobe PDF Files (*.pdf)"/>	<input type="button" value="Cancel"/>

Attach the saved PDF file to an email and send to Transportation at [Cynthia Panko](#)