Digital Transportation Form 1066 Glossary

GENERAL:

FORM TYPE – The type of transportation request being made:

- **CANCEL TRANSPORTATION** Used in cases where a Special Education or 504 Plan student no longer needs transportation services for various reasons such as when the student leaves DPS or when the student is no longer a Special Education or 504 Plan student
- INFORMATION CHANGE Used in cases where a Special Education or 504 Plan student's information changes. Examples include changes to school or program, mode of transportation, period schedule, days of attendance, address, assist or equipment requirements, need for PARA or vest, etc.
- NEW STUDENT Used to request transportation for new-to-DPS or new-to-Special-Education students
- RTD-ELIGIBLE STUDENT Used in cases when the student is capable of using RTD
- SECTION 504 Used to request or change transportation for students requiring transportation services under a 504 Plan

AUTHORIZING PERSON – Person requesting transportation services and completing the Transportation 1066 Form

POSITION/ TITLE – The position/title of the person requesting transportation services (i.e., the authorizing person)

EMAIL ADDRESS – The email address of the person requesting transportation services (i.e., the authorizing person). Note that this email address will be used for automated notifications

DATE OF REQUEST – The date when the Transportation 1066 Form is completed and submitted to DPS Student Equity and Opportunity

REQUESTED START DATE – The date when transportation services should start. Keep in mind that DPS Transportation Services requires 7-10 business days to process a request

STUDENT, SCHOOL AND PROGRAM INFORMATION:

STUDENT ID – DPS unique student identification number

STUDENT NAME - The name of the student on whose behalf the transportation request is submitted

BIRTH DATE – The student's date of birth

PARENT/GUARDIAN – The parent or guardian who will be the main point of contact for DPS Student Equity and Opportunity and Transportation Services departments

PROGRAM – The Special Education program the student is assigned to. The option to indicate a 504 Plan is also included under this field

RECEIVING SCHOOL – The school to which the student should be transported

STUDENT GRADE – The current grade of the student

CURRENT SCHOOL – The school the student is attending at the time of the request

PERIOD (AM, PM, Full Day) – Period refers to the time of day the student is attending school. It does <u>not</u> indicated whether or not the student is on an amended day.

DAY – The days the student is scheduled to attend school

AMENDED DAY CHECKBOX – Indicates if the student is on an amended day schedule (i.e., if the student's start bell time is later than his/her peers or if the end bell time is earlier than his/her peers). If the Amended Day box is checked, provide the amended start and end times in the corresponding fields. Please **DO NOT** check this box to enter the regular bell schedule.

- **START** Start bell time for the student's instructional day
- END End bell time for the student's instructional day

HOME, PICK UP, DROP OFF ADDRESS INFORMATION:

PARENT CONTACT NUMBER – The phone number of the main point of contact for DPS Student Equity and Opportunity and Transportation Services departments

PICK UP ADDRESS TYPE – Indicates the type of address for student pick-up (options are listed below). In most cases, this address type is the student's home address

- DAY CARE CENTER
- FACILITY
- OTHER Select if the pick up address is not any of the other listed options
- SAME AS HOME Student's home address as listed in Infinite Campus (default option)

PICK UP ADDRESS, CITY, ZIP, PHONE – The exact address and corresponding phone number where the student will be picked up to be transported to school at the start of the student's instructional day

DROP OFF ADDRESS TYPE – Indicates the type of address for student drop-off (options are listed below). In most cases, this address type is the student's home address

- DAY CARE CENTER
- FACILITY
- **OTHER** Select if the drop off address is not any of the other listed options
- **SAME AS HOME** Student's home address as listed Infinite Campus (default option)

DROP OFF ADDRESS, CITY, ZIP, PHONE – The exact address and corresponding phone number where the student will be dropped off after school at the end of the student's instructional day

ASSIST REQUIREMENTS – You may select from the following options:

- **CAN BE LEFT UNATTENDED** Student may exit the bus to enter home and school with no one present. Student has ability to walk to a corner
- **CANNOT BE LEFT UNATTENDED** An adult or older sibling must be present when dropping the student off at home and at school. This individual does not have to come to bus; however, the Bus Driver must be able to see him or her in order to allow the student to exit the bus
- ALLERGIES Provide information on any allergies the Bus Driver should be aware of such as food allergies (e.g., nut allergies, bee sting allergies). Indicate if the student carries an EpiPen
- AMBULATORY ASST AT BUS STOP Used to indicate that the student needs ambulatory-related assistance to board on an off the bus. The parent may assist the student on and off the bus at the home, School Para may assist the student off and on the bus at the school. If there is a Para

on the bus, (s)he may also assist the student. If there is not a Para on the bus, the Bus Driver may assist the student

- ASTHMA
- **BEHAVIORAL MANAGEMENT** Used to indicate that the the student has a documented plan for managing behavioral issues in the classroom that also need to be implemented on the bus
- DIABETES
- HEARING AIDS
- HEARING IMPAIRED
- HEMOPHILIAC
- NON-VERBAL
- **REQ ORTHOPEDIC ASST AT BUS STOP** Used to indicate that the student needs orthopedicrelated assistance to board on an off the bus. The parent may assist the student on and off the bus at the home, School Para may assist the student off and on the bus at the school. If there is a Para on the bus, (s)he may also assist the student. If there is not a Para on the bus, the Bus Driver may assist the student
- REQUIRED ORTHOPEDIC DEVICE EX W/C
- **RUNNER** Used to trigger the "Hand-to-Hand" flag for the Bus Driver. A student flagged as hand-to-hand must be walked out to the bus in order to board and must be met at the destination in order to exit the bus. The bus service door will <u>not</u> open until an adult is present at said door upon reaching the destination, be it home or school
- **SEIZURES** Used to alert the Bus Driver that the student may experience seizures. Use the "Comments" field to provide instructions on what should be done in the event of a seizure (e.g., call 911 immediately, time the seizure and tell either teacher or mom, etc.)
- SENSORY AIDS
- VISION IMPAIRED
- **DNR (DO NOT RESUSCITATE)** Used to alert the Bus Driver of the guardians' wishes. In this case, Transportation Services will call 911 and inform the paramedics of the DNR request

EQUIPMENT REQUIREMENTS - You may select from the following options:

- WHEELCHAIR ELECTRIC
- WHEELCHAIR MANUAL
- WHEELCHAIR SCOOTER
- BRACES

- CANE
- CENTRAL LINE IV
- CRUTCHES
- GASTRONOMY TUBE
- HELMET
- **OXYGEN** If selected, please provide information in the "Comments" field regarding the size of the oxygen tank in case the Bus Driver needs to secure the tank
- **PROSTHESIS**
- **RESPIRATOR**
- OTHER RESPIRATOR EQUIP
- SCOOTER
- SHUNT
- TRACHEOTOMY
- WALKER
- SERVICE DOG If this is a requirement, please make sure to select this option as the Bus Driver would need to meet the student and the service dog in order to plan for where on the bus the service dog will be transported depending on the type of bus and the size of dog

DOCUMENTS AND ADDITIONAL INFORMATION:

HEALTHCARE PLAN – A document created by a school nurse to support the physical or medical needs of a student. The plan will often include a description of the student's need in the event of a medical crisis or care required for the maintenance of the student's health

SAFETY PLAN – A document created by a school team to document the direct support a student needs to ensure a safe learning environment. The document will detail the steps staff needs to take from the beginning through the end of the student's school day

BEHAVIOR MGT PLAN – A document created by a school team to document interventions in place to improve a student's behavior (incl. during transportation to and from school). The plan will include steps for staff and the student to take to ensure behavioral growth

504 PLAN – A legal document that includes accommodations and services that ensure a student receives a free and appropriate public education (FAPE). The 504 team determines supports to ensure the student is included and benefits from all district programs

IEP (Individualized Educational Program) – A legal document that includes accommodations and services that ensure a student receives a free and appropriate public education (FAPE). The IEP team determines supports that address educational deficits related to a disability

EXPLANATION FOR EXTENUATING CIRCUMSTANCES – Explanation for the transportation service request in special cases. This additional information will help answer questions the Student Equity & Opportunity Office Support staff and Transportation Services Routing staff may have regarding your request.

Examples:

- 1. Special Education student who is also a Foster Care or McKinney Vento student and resides outside of the DPS boundary
- 2. Special Education student who is not transported to the center program that is closest to the student's home school and the reason for that placement decision

COMMENTS – Additional information relevant to the transportation request, but not captured elsewhere on the form (e.g., additional assist notes, equipment notes, etc.)