

**Student Transportation Service Consortium of Grey-Bruce
Individual Student Transportation Plan**

Bluewater District School Board
Bruce-Grey Catholic District School Board

TCF-A006

Student Name:	Start Date:	
Student Address:	School:	
Municipality:	Grade:	
Principal/Consultant:	Home Phone:	
Parent/Guardian:	Work Phone:	

Reason for ISTP:

Section A - Transportation Profile (completed by the school)

Particulars	Yes	No	Comments
Does the student have a medical condition that may present itself during transportation? (diabetes – insulin shock; epilepsy – seizures; allergies – anaphylaxis, etc)			If Yes, please forward Written Medical Plan to Transportation and Transportation Provider
Are there any special instructions regarding the response to those medical conditions? (epipen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please forward Written Medical Plan to Transportation and Transportation Provider
Does the student require a wheelchair accessible vehicle or other specialized mode of transportation?		<input type="checkbox"/>	
Will the student pose a risk of injury to either him/herself or to others? (explain)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any special strategies that can be utilized to assist the student while in transit? (explain)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student require ancillary aids during transportation? (oxygen, seeing eye dog, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the student overly sensitive to sensory stimulae?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have excessive fears or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	
Can the student utilize regular home to school transportation if provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student require additional supervision while in transit? (aide, nurse, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Student ride times may be an hour or more. Does the student's condition warrant any special consideration?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the student be able to remain seated for that period of time?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the student require a harness to remain in his/her seat? Provide details on the nature of the need.	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation with Transportation Consortium	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation with Operator/Driver	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation with Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation with Student	<input type="checkbox"/>	<input type="checkbox"/>	

Section B - Transportation Plan (completed by Transportation Consortium)

Consultation with Parent/Guardian (after plan developed)	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation with Operator/Driver (after plan developed)	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation with School/Board Staff (after plan developed)	<input type="checkbox"/>	<input type="checkbox"/>	

Boarding Information:

Disembarking Information:

Securement Information:

Other Information:

Transportation Provider's Name:		Morning Route #:		Afternoon Route #:	
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