

**FOREST HILLS SPECIAL EDUCATION COOPERTIVE  
8045 WEST STATE ROAD 46  
ELLETTSVILLE, IN 47429**

**SPECIAL TRANSPORTATION**

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ GRADE: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

SCHOOL TRANSPORTATED TO: \_\_\_\_\_

Does a written justification of excess transit time need to be documented? Yes: \_\_\_\_\_ NO: \_\_\_\_\_

**TRANSPORTATION AS A RELATED SERVICE WILL BE PROVIDED AS FOLLOWS:**

\_\_\_ Assistance moving from place to place within the educational setting, such as between rooms and/or buildings on a campus.

\_\_\_ The student's behavior needs require special consideration for type of transportation, safety, supervision or time of transit.

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The student is enrolled at a state-operated school and requires transportation on weekends and holidays, or in accordance with the student's IEP.

\_\_\_ Student is transported to a state-operated school on a daily basis

\_\_\_ Student is transported to another building in the same special education cooperative

\_\_\_ Student is transported to another building in the same school corporation

\_\_\_ The student's special physical, health, or mobility needs require consideration for type of transportation, safety, supervision, assistance, or time of transit.

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The student's needs require a shortened day.

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The student need a related service that is provided outside of the instructional day. SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*THE SCHOOL CALENDAR TO BE FOLLOWED SHALL BE THAT OF THE SCHOOL OF ATTENDANCE\*\*\*\*\*

Program Coordinator

Signature

Title/Position

Date

