

## Monongalia County Schools Individualized Transportation Plan

Initial ITP    
  Continuation of previous ITP **without** changes    
  Continuation of previous ITP **with** changes




<b>Student Name:</b>	<b>Homeschool:</b>	<b>Transport To:</b>
<b>Parent Name:</b>		<b>Address:</b>
<b>Primary Phone Number:</b>		<b>Emergency Phone Number:</b>
<b>Grade:</b>	<b>WVEIS #:</b>	<b>Date of IEP:</b>

### Transportation is Needed:

AM Only:	<input type="checkbox"/> Special Ed Bus	<input type="checkbox"/> General Ed Bus
PM Only:	<input type="checkbox"/> Special Ed Bus	<input type="checkbox"/> General Ed Bus
AM and PM:	<input type="checkbox"/> Special Ed Bus	<input type="checkbox"/> General Ed Bus
Field Trips:	<input type="checkbox"/> Special Ed Bus	<input type="checkbox"/> General Ed Bus

### EQUIPMENT

\*Physical and Occupational Therapist Recommended Seating System for Transportation\*  
 To be completed by Physical or Occupational Therapist ONLY

<input type="checkbox"/> <b>Wheelchair:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Motorized  *Use appropriate tie downs	<input type="checkbox"/> <b>Wallaroo Seating System</b>  20-105 pounds 5 pt. safety harness 45 degree recline forward facing position	<input type="checkbox"/> <b>EZ-On Vest</b>   <input type="checkbox"/> XS (waist 18-24") <input type="checkbox"/> S (waist 25-32") <input type="checkbox"/> M (waist 32-37") <input type="checkbox"/> L (waist 37-43")
<input type="checkbox"/> <b>BESI Inc Pro Tech III</b>   25-90 pounds Maximum waist 30.5" Maximum torso height 17.5" 5-point restraint w/ quick release buckle	<input type="checkbox"/> No Seating Required  <b>Seating Systems can be changed by therapist without reconvening IEP with team notification</b>  Therapist Signature: _____  Date: _____	

**IEP Present Level must justify the need for intensive seating systems not recommended by a therapist. Intensive seating systems should be used only after all other behavior interventions have been exhausted.**

- Safeguard Seat (for school bus only)  
 Safety Vest (for school bus only)  
 Equipment on Regular Bus (check with bus garage before indicating)  
 No Seating Required

**Supplementary Services (must be attached if needed for safe transport):**

- Behavior/Crisis Plan    
  Health Care Plan    
  Flight Risk Plan

**Teacher of Record Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed form must be included for BOE and student's school file.**  
**Email completed forms to: [tony.harris@k12.wv.us](mailto:tony.harris@k12.wv.us) & [leonard.lenhart@k12.wv.us](mailto:leonard.lenhart@k12.wv.us)**

For Office Use Only-Assigned Bus Number: \_\_\_\_\_