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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Request for Special Transportation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | |  | | | | | | | | Date of Birth: | | | | |  | | | | | | | Gender: | | | Male  Female | | | | |
| Disability: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grade: | |  |
| School Site: | |  | | | | | | | | | | | | | | Teacher: | | |  | | | | | | | | | | | | | |
| District of Attendance: | | | | | | |  | | | | | | | | District of Residence: | | | | | | |  | | | | | | | | | | |
| Parent/Guardian: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | |  | | | | | | | | Work Phone: | | |  | | | | | | | | | Other Phone: | | | | | |  | | | |
| Street Address: | | | |  | | | | | | | City: |  | | | | | | | | | State: | | |  | | | Zip Code: | | | |  | |
| Mailing Address: | | | | | |  | | | | | City: |  | | | | | | | | | State: | | |  | | | Zip Code: | | | |  | |
|  | | | | | |  | | | | |  |  | | | | | | | | |  | | |  | | |  | | | |  | |
| **statement of required transportation needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate the nature of services requested: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State the reason/justification for request: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate the anticipated duration for the requested service: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State the needed training: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **regional individualized education program (iep) team** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specific Service Approved: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: |  | | | | | | | | | | | | | | | | End Date: | | |  | | | | | | | | | | | | |
| Regional IEP Meeting Date: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| District Representative Signature: | | | | | | | | | |  | | | | | | | | | | | | Date: | | | |  | | | | | | |
| SELPA Reprsentative Signature: | | | | | | | | | |  | | | | | | | | | | | | Date: | | | |  | | | | | | |
| **Attachment: Emergency Care Plan - Intake Questionnaire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |