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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: |       |
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| **statement of required transportation needs** |
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| Indicate the nature of services requested:       |
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| State the reason/justification for request:       |
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| Indicate the anticipated duration for the requested service:       |
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| State the needed training:       |
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| **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** |