



**Individual Transportation Plan  
CONFIDENTIAL**

*Under the Accessibility of Ontarians with Disabilities Act (AODA) and the Integrated Accessibility Standards Regulation (Ontario Reg. 191/11), an Individual Transportation Plan (ITP) will be completed for each student with a disability, identified to the Consortium by Member School Boards or Parents/Guardians. The base of the ITP will be the completed by the Parent/Guardian or School and will be submitted annually. Forms must be completed by the parent/guardian and returned to the Consortium by June 15 of each school year. **Forms received after June 15 may be processed after September 15 and your service may not start until after that date.***

<b>Student Information (To Be Completed by Parent/Guardian)</b>		School Year: 2019-2020 Start Date:
School:	Grade:	<b>Student Photo</b> <b>email: bussing@nwobus.ca</b>
Student Name:		
Parent/Guardian Names:		
Street Address:		
Apt Number:		
Mailing Address:		
City:		
Postal Code:		
Phone Number:		
Alternate Number:		
Email Address:		
Emergency Contact:		Emergency Contact Number:
<b>Transportation (office to fill out)</b>		
AM Bussing:		PM Bussing:
Visible Parent Required <input type="checkbox"/> Parents/Guardians will ensure a visible parent (Procedure - 105 GENERAL Visible Parent Program) is at the stop morning and afternoon		
<b>Student Information (check all that apply):</b>		
<input type="checkbox"/> Anaphylaxis Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Epilepsy <input type="checkbox"/> FASD/ARND <input type="checkbox"/> Hearing Impairment		<input type="checkbox"/> Language/Communication Delays <input type="checkbox"/> Mobility <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other (please specify) _____ <hr/> Note: in the event of a medical emergency on board, the Driver will radio Dispatch to call 911
<b>Additional Forms</b> <input type="checkbox"/> Life Threatening Condition or Prevalent Medical Condition Form attached		
<b>Boarding/De-boarding:</b>		
<input type="checkbox"/> The student is ambulatory; can enter and exit the bus unassisted. <input type="checkbox"/> The student requires assistance to board and de-board the bus. <input type="checkbox"/> The student is in a wheelchair.		

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**Support for Student During Transport**

- |   |   |
|---|---|
| <input type="checkbox"/> Assistive Communication Device | <input type="checkbox"/> Wheelchair                   |
| <input type="checkbox"/> Attendant                      | <input type="checkbox"/> Walker                       |
| <input type="checkbox"/> Service Animal                 | <input type="checkbox"/> Crutches                     |
| <input type="checkbox"/> Cane                           | <input type="checkbox"/> Other (please specify) _____ |

Are there any communication tools or special instructions the bus driver should be aware of:

  
  
  
  

Suggestions to assist your child in the event of accident or emergency:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Role of (for office use only)**

Operator/Driver	Parent/Guardian	School Staff	Student
Ensure that the student is transported safely according to needs. Follow Consortium/ Board procedures for the transportation of students with disabilities.	Advise School and Consortium of medical or other conditions affecting safe transportation of student and communicate any changes. Help identify tools or strategies that may help driver and/or aide while transporting the student.	Advise Parent and Driver/Operator of relevant issues while at school during the day. Help identify tools or strategies that may help driver and/or aide while transporting the student.	Follow bus rules. Advise driver and/or aide of any emergency health issues or concerns.

**Notice of Collection Statement Special Needs/Medical**

I, \_\_\_\_\_, acknowledge my participation in assisting School Board/Consortium staff in the collection of information on exceptional needs for students utilizing the transportation. I understand that this information will be reviewed annually and I will update the Consortium if circumstances change before review. I hereby permit the Consortium to access any personal/medical information held by the Consortium and/or the School Board and to share this information with the School Board and the service provider for the purpose of safely transporting students.

I/We acknowledge that it is neither the objective nor purpose of the school staff or bus driver to administer medication to students and understand that the school is prepared to undertake this activity as a last resort. In the event of an emergency, the only medication the bus driver is trained/authorized to administer is an epi-pen. I authorize the appropriate school staff or the bus driver to administer the designated medication and obtain suitable medical assistance (epi-pen only). I agree to assume responsibility for all costs associated with medical treatment and absolve the Keewatin-Patricia DSB; Kenora Catholic DSB; Northwest Catholic DSB; CSDC Aurores boreales; and their employees, of responsibility for any adverse reactions resulting from the administration of the medication.

The information provided above is in keeping with the development of an individual transportation plan for your student. The information provided will be shared with the Consortium, School Board and the bus company (and driver) to support transportation.

Please scan and email form to [bussing@nwobus.ca](mailto:bussing@nwobus.ca) or mail/drop off at 100 Casimir Ave, Suite 114, Dryden, ON P8N 3L4

Signature: \_\_\_\_\_ Date: \_\_\_\_\_