

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.

Student Information (To Be Completed by Parent/Guardian)		School Year: Start Date:			
School:	Grade:				
Student Name:					
Parent/Guardian Names:					
Street Address:					
Apt Number:		Student Photo			
Mailing Address:		email: bussing@nwobus.ca			
City:					
Postal Code:					
Phone Number:					
Alternate Number:	Alternate Number:				
Email Address:					
Emergency Contact:	Emergeno	cy Contact Number:			
Transportation (office to fill out)					
AM Bussing:	PM Bussii	ng:			
Visible Parent Required	•				
•	(Procedure - 10	5 GENERAL Visible Parent Program) is at the stop			
morning and afternoon Student Information (check all that apply):					
☐ Anaphylaxis/Allergy	☐ Mobi	lity			
☐ Anxiety		ce Animal			
☐ Developmental Disability	☐ Visio	n Impairment			
☐ Diabetes	☐ Othe	r (please specify)			
Epilepsy/Seizures					
Hearing Impairment		he event of a medical emergency on board, the			
☐ Language/Communication Delays	Driver wil	l radio Dispatch to call 911			
Medical					
Additional Forms Life Threatening Condition or Prevalent Medica	ol Condition For	m attached			
Boarding/De-boarding:	ii Condition For	iii attached			
The student is ambulatory; can enter and exit t	he hus unassist	red			
☐ The student requires assistance to board and d					
The student requires assistance to board and de-board the bus. The student is in a wheelchair.					
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Support for Student During Transport						
☐ Assistive Communication Device			■ Wheelchair			
☐ Attendant			Walker			
☐ Service Animal			1 Crutches			
☐ Cane			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						
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 identifitions or strategies that ma	S Ey	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	Follow bus rules. Advise driver and/or aide of any emergency health issues or concerns.		
	help driver and/or aide while transporting the student.		student.			
exceptional needs for students utilizing circumstances change before review. I Board and to share this information wit I/We acknowledge that it is neither the school is prepared to undertake this act is an epi-pen. I authorize the appropria only). I agree to assume responsibility to Catholic DSB; CSDC Aurores boreales; a	while transporting the student. cial Needs/Medical, acknowledge my participation the transportation. I understand that hereby permit the Consortium to accept the School Board and the service probjective nor purpose of the school stativity as a last resort. In the event of a te school staff or the bus driver to adrior all costs associated with medical transfer the transfer of the development of an indicate the bus company (and driver) to supp	n in ass t this i ess an ovider taff or in eme minist reatme for any dividua	sisting School Board/Consortium staff in information will be reviewed annually an manager of safely transporting signs of the purpose of safely transporting signs of safely transporting signs of safely transporting signs of safely transportation plan for your student. Transportation.	d I will update the Consortium if the Consortium and/or the School tudents. Students and understand that the ver is trained/authorized to administer a suitable medical assistance (epi-pen GB; Kenora Catholic DSB; Northwest ministration of the medication. The information provided will be shared		