

Business and Non-Instructional Operations

Special Transportation for Exceptional Children

The Board of Education, in accordance with applicable state and federal law, shall provide, as a related service, safe and appropriate transportation as required to implement the Individualized Education Program ("IEP") for each child requiring special education and related services.

1. Total travel time shall not exceed one hour each way to and from a special education facility unless an appropriate placement cannot be made without exceeding the one hour travel limit. In this case, written parental consent is required and exceptions must be approved by the State Department of Education.
2. Operators of vehicles shall be in-serviced regarding the specific needs of children being transported, and shall be properly equipped to meet those needs.
3. In addition, the New Haven Board of Education shall provide transportation aides where such aides are ascertained to be necessary to ensure safe and appropriate transportation.
4. If the New Haven Board of Education requests that the parent transport the child, it shall reimburse the parents for the cost of such transportation.
5. No parent shall be required to provide transportation, nor shall the Board of Education be relieved of the obligation to provide transportation for a child because of the inability or unwillingness of the parent to provide transportation.
6. The type of transportation and need of safety devices should be discussed at a Planning and Placement Team ("PPT") meeting and indicated on the child's IEP.

Legal References: Conn. Gen. Stat. §§ 10-76a, 10-76d; 10-253; 14-212; 14-275b

New Haven Public Schools
Department of Transportation
54 Meadow Street
New Haven, CT 06519

TRANSPORTATION REQUEST / UPDATE FORM

DATE _____

TRANSFER _____ CHANGE _____ NEW _____ GRADE _____

STUDENT NAME _____ SCHOOL _____ MSHEET _____

HOME PHONE _____ EMG #1 _____ EMG #2 _____ EMG #3 _____

PRESENT ADDRESS _____

NEW ADDRESS _____

TRANSPORTATION ADDRESS _____
(IF DIFFERENT)

TRANSFER/ENTRY TO _____ DATE OF TRANSFER/ENTRY _____
(SCHOOL)

TRANSPORTATION NEEDED (Y/N) _____ LIFT VAN NEEDED (Y/N) _____

MODE OF TRANSPORTATION (YELLOW BUS-VAN—STOP-HOME) _____

START TIME _____ DISMISSAL TIME _____

COMMENTS _____ APPROVED BY _____
(SUPERVISOR)

TRANSPORTATION OFFICE ONLY

TRANSPORTATION BEGINS ON* _____

BUS/VAN # _____ MASTER SHEET# _____

PICKUP / STOP AT _____

PICKUP TIME _____ DISMISSAL TIME _____

COMMENTS _____

*CHANGES ARE SENT TO THE COMPANY ON TUESDAY AND GO INTO
EFFECT ON THURSDAYS.

DATE RECEIVED _____