

Request for Special Transportation

*This form is to be completed by the Case Manager or Special Education Specialist upon determination that transportation is required as a related service. Submit the form via fax to the Special Education Department on the **same day as the IEP Team meeting was held**. Remember, a reasonable amount of time is allowable to set up transportation.*

Student _____ School _____

ID# _____ Grade _____

Case Manager _____ Case Manager Phone # _____

IEP Date _____

IEP Initiation Date _____

Special Transportation Needs – Check all that apply as documented **on the IEP**

- Adult Supervision
 - Harness
 - Healthcare
 - Other
- _____

Special Education FAX: **(304) 574-4109**