Appendix B

Medical Certificate: Alternate Transportation

Approval for alternate transportation should be based on the student's specific needs and the least restrictive mode considered. **All efforts should be designed to promote a model of wellness, foster independence, and provide the opportunity for the student to remain with his/her peers and transition back to regular transportation, if and when possible.**

Alternate transportation should only be considered when a student cannot get to and from school with adaptation(s) to the regular modes of transportation presently available. It should only be considered in one or more of the following situations:

1. The student's condition is permanent and interventions/supports will not allow the student to avail of regular school busing, **OR**

2. Further education or skill development is required before the student can avail of regular school busing (for example, the student must learn the use of assistive devices such as a white cane; perform personal care functions such as catheterization; develop self-regulatory behavioral strategies such as the skills required to avoid physical confrontations.) **OR**

3. A student is injurious to self and/or others, **OR**

4. A student requires short-term intervention (s) because he/she can not travel with adaptations/support on regular school busing.

In order to approve alternate transportation, it is necessary to determine why this student cannot walk to and from school, or use the regular school bus system. The following information will assist in this process.

Name _____ Date of Birth _____

Home Community _____ School _____

1. **Diagnosis** _____

_____

2. **Functional Status**

		Yes	No
a.	Is student ambulatory?	☐	☐
	If yes, is he/she physically able to climb stairs of the bus?	☐	☐
	If no, is he/she able to be taught to climb the stairs?	☐	☐
b.	Is the student		
(i)	having uncontrolled seizures	☐	☐
(ii)	using a wheelchair for mobility	☐	☐
(iii)	abusive to self and/or others	☐	☐
(iv)	unable to recognize danger	☐	☐
(v)	condition degenerating	☐	☐
(vi)	having problems with balance and coordination in walking. Thus it is unsafe for him/her to independently ambulate (up to 1.6 km)	☐	☐
(vii)	other _____	☐	☐

3. a. If regular busing is available, is the student capable of using this service. ☐ ☐

and

b. Please list the specific vehicle adaptations or skill (behavioral or physical) required for this student to get to and from school via a regular school bus (e.g. bus with hydraulic lift).

_____

or

c. If regular school busing is not available in the student's area, please list the **minimum** requirements for this student to get to and from school (e.g. car with specialized restraints).

_____

Recommendation

4. a. This disability is permanent. Yes ☐ No ☐

b.. This student will require alternate transportation for his/her entire schooling Yes ☐ No ☐

c. The circumstances described above are such that this student will require temporary transportation arrangement to and from school for the period from

_____ to _____.
Date Date

d. This student's condition **is** deemed medically fragile and thus he/she requires transportation for 4 trips per day (to school, to and from lunch, to home). Yes ☐ No ☐

e. Additional information to support this service _____

_____

I certify that I have examined _____ and the above information accurately reflects my findings.

_____ _____
Physician's Signature Physician's Name (please print)

_____ _____
Date Telephone Number

Parents/Guardians should return this completed form to the school principal

*** NOTE: MCP does NOT cover the cost of this medical certificate**