

**PORTLAND PUBLIC SCHOOLS – SPECIAL EDUCATION**

**SPECIAL EDUCATION TRANSPORTATION INFORMATION**

TRANSPORTATION REQUIRED IN IEP, PEP, OR IFSP.  YES  NO \_\_\_\_\_  
(Today's Date)

New  Delete Service Needed From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

School/Site \_\_\_\_\_ Program Code \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_ PPS ID \_\_\_\_\_  
(Last) (First)

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Class Times \_\_\_\_\_ to \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emg. Phone \_\_\_\_\_

Day Care Provider \_\_\_\_\_ DC Phone \_\_\_\_\_

Pick Up At \_\_\_\_\_ Drop Off At \_\_\_\_\_  
(If at other than home address) (If at other than home address)

**DISABILITY CODE: (Check only one. If more than one applies, pick the most appropriate one.)**

- |                                               |                                                    |                                                     |                                               |
|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 10 Mentally Retarded | <input type="checkbox"/> 42 Blind                  | <input type="checkbox"/> 70 Orthopedically Impaired | <input type="checkbox"/> 90 Learning Disabled |
| <input type="checkbox"/> 20 Hard of Hearing   | <input type="checkbox"/> 43 Deaf/Blind             | <input type="checkbox"/> 74 Traumatic Brain Injury  | <input type="checkbox"/> 98 Develop. Delayed  |
| <input type="checkbox"/> 30 Deaf              | <input type="checkbox"/> 50 Communication Impaired | <input type="checkbox"/> 80 Other Health Impaired   |                                               |
| <input type="checkbox"/> 40 Vision Impaired   | <input type="checkbox"/> 60 Emotionally Disturbed  | <input type="checkbox"/> 82 Autistic                |                                               |

**MOBILITY DEVICE: (Check appropriate code)**

- |                                                         |                                            |                                         |
|---------------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1 Standard (manual) Wheelchair | <input type="checkbox"/> 3 Motorized Pony  | <input type="checkbox"/> 5 Carseat      |
| <input type="checkbox"/> 2 Motorized Wheelchair         | <input type="checkbox"/> 4 Walker/Crutches | <input type="checkbox"/> 6 Booster Seat |

**SAFETY SUPPORT SYSTEM (SSS)/ASSISTIVE DEVICE: (Check appropriate code)**

- |                                  |                                       |                                  |                                        |
|----------------------------------|---------------------------------------|----------------------------------|----------------------------------------|
| <input type="checkbox"/> X Small | <input type="checkbox"/> Small/Medium | <input type="checkbox"/> Large   | <input type="checkbox"/> Wrist Support |
| <input type="checkbox"/> Small   | <input type="checkbox"/> Medium       | <input type="checkbox"/> X Large | <input type="checkbox"/> Buckle Guard  |

**SPECIAL/ADDITIONAL INSTRUCTIONS:**

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Did you go over the Transportation IEP Packet information with the parent/guardian?  YES  NO

Requested By \_\_\_\_\_ E-mail \_\_\_\_\_