

# **Alternate Transportation Policy and Application Package**

**April 2012**

**Department of Education  
Government of Newfoundland and Labrador**

# Alternate Transportation Policy

## 1.0 POLICY STATEMENT

This policy is issued by the Minister of Education in accordance with the *School Bus Transportation Policy* for the purpose of providing direction to school districts regarding the provision of alternate transportation services. Alternate transportation services ensure that students with a physical disability, medical needs or legal requirement can receive transportation to and from their zoned school or in extenuating circumstances, an approved alternate site. All efforts should be made to foster independence, be least restrictive and if and where possible, provide the opportunity to transition back to regular transportation.

## 2.0 DEFINITION/CRITERIA FOR ALTERNATE TRANSPORTATION

Alternate transportation will be available to students who for medical/exceptional reasons are unable to use regular school transportation, or who reside within 1.6 km from the school and have a medical/exceptional reason preventing them from walking to school, and to Kindergarten to Grade 6 students who reside within 1.6 km of school whose parent/guardian can not accompany their child to school due to a physical disability. This transportation could be by mode of private vehicle/taxi, wheelchair equipped bus or regular school bus with student assistant support.

Alternate transportation should be considered when:

- 2.1 The student's condition is permanent and interventions/supports will not allow the student to avail of regular busing, OR
- 2.2 Further education or skill development is required before the student can avail of regular busing, OR
- 2.3 A student is injurious to self and/or others, OR
- 2.4 A student requires short-term intervention(s) because he/she cannot travel with adaptations/support on regular busing, OR
- 2.5 A student is unable to attend their zoned school due to medical/extenuating circumstances and has been placed in an approved alternate setting, OR
- 2.6 The parent(s)/guardian(s) has a physical disability which prevents them from accompanying their child (K-6) to school (See Appendix E).

### **3.0 SCOPE**

This policy will apply to all students under the jurisdiction of the five provincial school districts who qualify for alternate transportation based on the definition/criteria.

## APPLICATION PROCESS

An application for alternate transportation will need to be completed for each student being considered.

- 3.1 Applications for alternate transportation shall be prepared by the school program planning team (see *Application for Alternate Transportation - Appendix A or E*).
- 3.2 All applications shall be completed in full with all required signatures.
- 3.3 Applications must be accompanied by medical documentation and consent for release of information (see *Application for Alternate Transportation - Appendices B and C*).
- 3.4 Completed applications shall be forwarded to the school district office for review and approval by district personnel, including district transportation personnel (see *Application for Alternate Transportation - Appendix D*).
- 3.5 After review by the district, completed applications shall be forwarded to the School Transportation Division, Department of Education. Applications should be submitted to the Department of Education by June 1<sup>st</sup> of a school year for consideration for the upcoming school year.
- 3.6 Applications will be reviewed by the Student Support Services Division, Department of Education.
- 3.7 Students who have been deemed by the Student Support Services Division as having a permanent disability, or where safety issues exist related to a severe cognitive difference or sensory loss that cannot be addressed through skill development, may be approved for alternate transportation for their full school life. The approval period for other students will be determined by the Student Support Services Division, Department of Education.
- 3.8 Applications involving a request for transportation to an alternate setting other than the zoned school shall include documentation clearly articulating medical and/or extenuating reasons why an alternate site is being requested (i.e. accessibility, legal requirement, specialized programming not available in zoned school, involving safety concerns for self and/or others or specialized programming which is required prior to returning to the zoned school feeder system). All alternate sites require approval of the Student Support Services Division of the Department of Education.
- 3.9 Financial information related to an application for alternate transportation must be submitted by district personnel annually, prior to the commencement of the upcoming school year (see *Application for Alternate Transportation - Appendix F*).
- 3.10 School district offices will be notified by the Department of Education in writing of the status of all applications for alternate transportation.

#### **4.0 GUIDELINES FOR ALTERNATE TRANSPORTATION**

The following guidelines will be followed when alternate transportation has been approved:

- 4.1 Alternate transportation will include two trips per day (1 trip home to school and 1 trip school to home).
- 4.2 Additional trips will only be provided in extenuating medical/exceptional circumstances that have been approved through the Department of Education. Detailed medical or related documentation will be required to support this request.
- 4.3 Alternate drop off or pick up points will be considered if it does not impact on costs or time associated with travel.
- 4.4 Students will be transported to their zoned school unless extenuating circumstances exist. (See statement 4.8)
- 4.5 Alternate transportation will not be provided for less than (4) weeks.
- 4.6 Alternate transportation drop off and pick up arrangements shall maximize the school programming needs of the student.
- 4.7 Alternate transportation can be provided by one of the following modes:
  - 4.7.1 Regular school bus with student assistant support,
  - 4.7.2 Wheelchair equipped bus (Vans equipped with a wheelchair lift and meeting D409 standards will be accepted in exceptional circumstances),
  - 4.7.3 Private vehicle/taxi.
- 4.8 Appendix G outlines the expected responsibilities of the family with respect to alternate transportation when it has been approved through the Department of Education.
- 4.9 Appendix H outlines the expected responsibilities of school districts with respect to alternate transportation approved through the Department of Education.
- 4.10 Appendix I outlines the expected responsibilities of contractors/drivers with respect to alternate transportation approved through the Department of Education.
- 4.11 Appendix J outlines the standards of transportation for students with special needs to assist with support services planning.

**Appendix A**

**Department of Education  
Application for Alternate Transportation**

**To be completed by the school as part of the Support Services Planning Process  
and forwarded with all applicable Appendices (minimum: A, B, and C) to the  
Program Specialist – Student Support Services at the school district**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ MCP # \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Residential Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Community of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Is student attending his/her zoned school      Yes ☐ No ☐

If no, explain:

\_\_\_\_\_

Distance between addresses above: \_\_\_\_\_

Will a student assistant accompany this student while in transit?      Yes ☐ No ☐

Would the provision of student assistant support enable this student to access regular modes of transportation?      Yes ☐ No ☐

Will the pick-up or drop-off points ever vary from the addresses given above? **NOTE:** If these arrangements do not create any financial or time changes to the existing transportation routes, efforts will be made to accommodate the request.      Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Appendix A (cont'd)**

1. Exceptionality: \_\_\_\_\_
2. Adaptive equipment required to accompany the student:  
Daily \_\_\_\_\_  
Weekly \_\_\_\_\_
3. Method of transportation and **TENDER** recommendations (e.g., seating, straps, lifts, position, storage requirements for the individual's adaptive equipment).  
\_\_\_\_\_  
\_\_\_\_\_
4. Explain rationale for requesting special transportation. (If rationale is behavioural, please give specifics.)  
\_\_\_\_\_  
\_\_\_\_\_
5. With guidance/education and/or necessary personal equipment, could this student walk to or ride a regular bus to school? Yes ☐ No ☐  
Explain:  
\_\_\_\_\_
6. Number of trips per day \_\_\_\_\_  
**TRIP** refers to one way only (e.g., home to school = 1 trip; school to home/alternate drop-off = 1 trip)
7. If the number of trips exceeds two (2) per day, explain reason. \_\_\_\_\_  
\_\_\_\_\_
- Note:** Additional trips will only be granted in exceptional circumstances (e.g., medically fragile students)
8. If this student's time for arrival and/or departure varies from the remainder of the school, provide rationale: (alternate transportation is provided on the assumption that a student attends for a regular school day as his/her age peers).  
\_\_\_\_\_

**Appendix A (cont'd)**

9. Presently, are there any buses or private vehicles, which meet the standards  
recommended, which pass this student's place of residence? Yes ☐ No ☐

If **no**, could the vehicle be adapted to meet the student's needs? Yes ☐ No ☐  
(Please explain below.)

If **yes**, is there room on the bus/taxi to transport the student? Yes ☐ No ☐

If you have answered **yes** to any of the three statements, please comment  
below:

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10. Support Services Planning Team Members:

_____	_____ Signature
_____	_____ Signature
_____	_____ Signature

\_\_\_\_\_  
Principal's Name (Please Print)

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

## 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** \_\_\_\_\_  
\_\_\_\_\_

**Appendix B (cont'd)**

**2. Functional Status**

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

3. a. If regular busing is available, is the student capable of using this service. ☐ Yes ☐ No

**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).

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**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).

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**Appendix B (cont'd)**

**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**

## **Consent for Release of Information**

I, the undersigned, grant permission for the \_\_\_\_\_ school district and/or Department of Education to request all relevant health and school information pertaining to my child/myself \_\_\_\_\_ (student's/parent's name) from \_\_\_\_\_ (agency).

This information is to be used solely to facilitate support services planning for my child. I understand that this information is to remain confidential and will be used only by the school district/Department of Education to ensure that my child can fully benefit from his/her school's educational program.

I understand that this consent will remain in effect until revoked by me in writing.

**Parent/Guardian**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

**Witness**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this completed form to the school principal**

## **Program Specialist – Student Support Services Approval Form**

The request for alternate transportation for \_\_\_\_\_  
(name of student)  
has been reviewed by me and I recommend the following:

\_\_\_\_\_ The request appears appropriate and the application, medical certificate  
and request for release of information are in order, I recommend approval  
of this request.

\_\_\_\_\_ I do not recommend approval.

Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Program Specialist - Student Support Services

Date: \_\_\_\_\_

**This form should accompany the school application with Appendices A, B and C  
and be sent to School Transportation Division, Department of Education**

## **Application Where Parent/Guardian Disabled**

Alternate transportation is needed because the parent/guardian has a physical disability which prevents them from accompanying their child to school and regular busing is not available in the area.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent(s)/guardian(s) names: \_\_\_\_\_

Parent/guardian disability: \_\_\_\_\_

Is there another person in the household?      Yes \_\_\_\_      No \_\_\_\_

Can this person bring child to school?      Yes \_\_\_\_      No \_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Could regular bus stop within the 1.6 km to pick up the child?    Yes \_\_\_\_    No \_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Could the child walk the distance to school?    Yes \_\_\_\_    No \_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Please provide medical documentation to verify parent/guardian's disability**

<p><b>To be completed by school personnel and forwarded to school district with medical documentation</b></p>
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**District Financial Form**

District: \_\_\_\_\_

Contract # \_\_\_\_\_

Student's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Community of Residence: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Distance Traveled (One Way): \_\_\_\_\_

Transportation Cost: \_\_\_\_\_ Per: Day / Month (Please circle)

Contractor's Name: \_\_\_\_\_

Renewal \_\_\_\_ Extension \_\_\_\_ Tendered \_\_\_\_

Effective Date: \_\_\_\_\_

Vehicle Type/Age: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Assistant Director (Finance and Administration)

\_\_\_\_\_  
Date

**To be completed by school district when a student has been approved for  
alternate transportation and forwarded to the School Transportation Division,  
Department of Education**

## **Family Responsibility**

Parents play a tremendous role in the preparation of their child for his/her school day. When a child has been approved by the Department of Education for alternate transportation, the parents/guardian(s) have the following responsibilities with respect to their child:

1. To properly clothe, according to weather conditions;
2. To provide appropriate occupant restraints and to see that any special equipment such as wheelchair, etc., is ready and in good working condition;
3. To make certain that all bodily needs are performed;
4. To have the child at the designated location on time, assist the child in boarding, and be available to assist when he/she returns home;
5. To provide the driver any instructions or necessary information should there be a change which would impact the student's normal routine;
6. To notify the school, driver and/or school district, in advance, if the child will not be attending school. Failure to do so could result in parent/guardian being charged for the service.
7. To advise and reinforce with the child the importance of wearing a seat belt and other safety devices.
8. To complete the necessary documents supplied by the district and to see that a proper medical and consent for release of information forms are provided.

## **School District Responsibility**

The school district's responsibilities shall be to:

1. Arrange for alternate transportation in accordance with Department of Education Policies;
2. Ascertain that the vehicle used is in good mechanical condition;
3. Ascertain that there is adequate insurance coverage;
4. Ensure that all driver documentation, as per the contract, has been received by the district;
5. Plan routes and stops;
6. Ensure contractor, student, and parents/guardians work collaboratively;
7. Ensure, if necessary, that proper facilities are available at school to handle specialized equipment e.g. ramps, wheelchairs;
8. Ensure the parent/guardian is provided with the following information;
  - (a) The time the driver will pick up their child;
  - (b) The exact location where their child will be picked up and returned;
  - (c) The time they can expect their child to return home;
  - (d) The arrangements made in the event of bad weather.
9. Work out a plan with the parent/guardian and driver to deal with emergencies that may arise;
10. See that the driver has an "in-bus" list of parents'/guardians' and doctors' telephone numbers for assistance in case of emergencies such as fire, respiratory or heart failure, and mechanical breakdown;
11. Maintain an inventory of all district equipment;
12. Adhere to the pick-up and drop-off points as agreed in the tender. Ensure that parents/guardians make alternate arrangements if these points vary;
13. Assign personnel to assist students to and from the designated vehicle at school, if required.

## **Contractor/Driver Responsibility**

The contractor responsibilities are:

1. to provide, at the cost of the contractor, vehicle(s) to be used in the transportation service, each of which shall not be in excess of the age as outlined in the contract, as at the first day of September for each school year for the term of the contract, to maintain and keep all vehicles in good and safe mechanical order and condition at all times and to equip all such vehicles with all equipment required by or under the law including, without limitation of the generality of the foregoing, under the *Highway Traffic Act* and its regulations, as amended;
2. to provide the district at the start of the agreement, annually thereafter prior to the opening of school and at other times on request by the district during the term of this agreement, with an inspection certificate as required under the *Highway Traffic Act (Official Inspection Station) Regulations, 1996*, as amended not to use as part of the transportation service, any vehicle not covered by the certificate;
3. to keep all vehicles used under this agreement in a clean and sanitary state;
4. to indemnify and keep indemnified the district from and against all claims and demands, action, suits and proceedings by any person, firm, company or other legal entity for or in respect of any injuries to persons or property arising out of the operation of any vehicle used in the transportation service and, provide the district at the start of the agreement, annually thereafter prior to the opening of school and at other times on request by the district during the term of this agreement a copy of the policy or policies of insurance required to be held by the contractor by virtue of the *Highway Traffic Act* and its regulations, as amended and the receipts showing such insurance to be in full force and effect;
5. to report immediately to the school administrator concerned if the vehicle is unable to operate for any reason and if the vehicle arrives after school is in session, the driver must report personally to the administrator stating the reason;
6. to report any and all accidents to the district immediately;
7. to equip the vehicle with a communication device which can maintain two-way communications over the entire route;

## **Appendix I (cont'd)**

8. to provide to the district, at the start of the agreement, annually thereafter prior to the opening of school and at other times as requested by the district, a copy of the Motor Registration Division, Department of Government Services registration for each vehicle to be used under this contract;
9. to provide, as part of the transportation service, only such drivers who are, as determined by the district, of good character, capable, sober and reliable in every respect and each of whom holds a valid appropriate class of driver's licence issued under the *Highway Traffic Act*, as amended and which has not expired or been suspended or cancelled and which is not invalid;
10. to remove immediately any driver who, while operating a vehicle as part of the transportation service, is found to be under the influence of alcohol or drugs or is accused or guilty of any improper or inappropriate conduct or uses obscene, offensive or inappropriate language, all as determined by the district;
11. to provide, the district at the start of the agreement, annually thereafter prior to the opening of school and at other times on request by the district for all drivers designated to operate a vehicle under this agreement:
  - (i) name and driver's license,
  - (ii) Motor Registration Division driver's abstract as per the *Highway Traffic Act*,
  - (iii) a criminal records screening certificate and a vulnerable sector check,and provide immediately an update to the district of any finding of guilt or conviction against any driver of a vehicle under this agreement;
12. encourage all drivers to attend any seminar the district may conduct or that may be conducted by a third party on behalf of the district, with the objective of improving school bus safety;
13. to provide the transportation service to pupils approved by the district without charge and to carry all such pupils to and from their respective destinations.
14. not to carry nor permit to be carried on any vehicle used in the transportation service any passenger other than a passenger approved by the district;
15. to provide to the district, at the start of the agreement, annually thereafter prior to the opening of school and at other times as requested by the district, a letter of good standing from the Workplace Health and Safety Compensation Commission;

## **Appendix I (cont'd)**

16. Ensure, where possible, the same driver with the appropriate class license for at least one year;
17. Adhere to the terms and conditions of the agreement for alternate transportation and the policies and guidelines of the school district and the Department of Education;
18. Ensure regular pick-up time of students;
19. Ensure vehicle is checked on a day to day basis;
20. Report all students' medical and conduct concerns immediately to the school principal, or other person designated by the school district. Any disciplinary action will be the responsibility of the school principal or designate;
21. Assist in fastening seat belts where assistance is required and ensure that all belts, hold-downs and seats are fastened before setting the vehicle in motion;
22. Ensure that the front passenger seat of the vehicle shall not be used for student transport unless approved through the District.
23. Properly secure all wheelchair locking devices immediately after entering the vehicle and never having more than one (1) wheelchair loose or free in the vehicle ready for unloading at any time;
24. Comply with the respective school regulations and rules as set down by the district with regard to driveways and entrances to be used, speed on school property, backing up, etc;
25. Ensure the driver is clearly aware of the expectation that he/she shall not smoke in the vehicle at any time, eat or drink while transporting children, or use profane or abusive language in their presence;
26. Maintain equipment, such as seat belts and special equipment, in proper working order;
27. Make no adjustment to the established route without prior approval of the district;
28. Carry no passenger other than a passenger approved by the district while transporting special needs students;
29. Remain with the vehicle at all times.

## **Standards for the Transportation of Students with Mobility Needs to Assist with Support Services Planning**

### **Remark**

Standard sling type wheelchairs are neither designed nor tested for protecting the occupant from a crash in a moving vehicle. Although this is a recognized fact, technology has not provided, to date, safety devices or the federally approved equipment necessary to protect all students with special needs.

The following guidelines are designed to be used when planning for the transportation of students with special needs. If you have questions or concerns re these guidelines, please contact the occupational therapist with the regional community health board or relevant health care Institutions.

### **Guideline 1:**

- A. Students who can transfer or be transferred to a passenger seat with federally approved seat belts - hip and shoulder strap, and can maintain their sitting balance, should be transported in this manner. Students must be transported in accordance with the provisions of the *Highway Traffic Act*.
- B. Students shall ride in the back seat.
- C. Wheelchair/stroller/crutches/lap tray must be secured safely during transportation.

### **Guideline 2:**

- A. Students who require postural supports in their wheelchairs and can be accommodated in a federally approved car seat (e.g. Britex, Carrie Car Seat, Orthokinetic Travel Chair) should be transported in that manner.
- B. Students should ride in the back seat.
- C. Wheelchair/stroller/crutches/lap tray must be secured safely during transportation.

**Guideline 3:**

Students who can not be removed from their wheelchair must be transported in a wheelchair accessible van or bus with the following specifications:

- A.     (i)     Student to be restrained in the wheelchair with safety belt attached to the vehicle in conjunction with (ii).
- (ii)    The wheelchair must be restrained with federally approved devices (e.g. Q Restraint) in conjunction with (i).
- B.     All wheelchairs should be placed in the forward or backward position unless alternate restraint methods are provided that meet Federal standards. **Sideways transportation is unacceptable.**
- C.     All removable items - lap trays, inserts not in use, ramps, etc. must be secured safely within the van/bus during transportation.
- D.     Standard C.S.A. D409-02, as amended apply in addition to the above.

**Guideline 4:**

Students who, for medical reasons, require transportation lying down should be provided with the H Strap Restraint (e.g. E-Z-ON Vest) and transported in the back seat.

**Guideline 5:**

Students requiring additional safety straps should be provided with same, as part of the tender. These safety straps should be designed to protect the student and those in his/her immediate environment as necessary.