

TRANSPORTATION REVIEW CHECKLIST

The purpose of this checklist is for representatives of school districts of residence, School bus contractors and parents to review the special transportation needs of students who use wheelchairs (3 wheeled scooters are included). The following areas are noted as possible matters of concern, but the participants should raise any other items of concern as well in order that they might be discussed and addressed.

Student's Name: _____

Date: _____

Once on the bus, is it feasible for the student (with or without assistance), to move from a wheelchair to a regular seat? Yes _____ No _____

If yes, please continue to answer the questions below. If no, please proceed to question #5.

Briefly describe the safest way for the child to board and leave the bus and the most appropriate techniques used by the student to transfer into the vehicle seat including the level of assistance/supervision necessary by transportation staff.

What type of occupant restraint will be used?

_____ None – reliance on compartmentalization

_____ Harness/Vest: Crotch strap Yes ___ No ___

Waist Size with clothing only _____

Waist Size with coat _____

Please Note: When at all possible, vests will be put on and taken off by school staff with the assistance of transportation staff at the school and parents when at home. Is training necessary? _____ No _____ Yes (if yes, date of training _____)

Portable seat mounts will be installed and checked daily by transportation staff who will be responsible for assisting the child onto the bus and into the seat and for securing the vest to the seat mount. In addition, they will responsible for being certain that the seat behind the vested child will be empty or is occupied by a child who is also in a vest or car seat. Is training necessary?

No _____ Yes _____ (if yes, date of training _____)

Car seat:

_____ Infant (rear facing – up to 20 lbs. and 26 inches or max. allowed by manufacturer)

_____ Integrated child safety seat/occupant restraint

_____ Standard child safety seat (up to 40 lbs. and 40 inches or max.)

- _____ allowed by manufacturer)
- _____ High backed, booster seat used **only** with harness straps
- _____ Special purpose car seat/occupant restraint

Adapted from Transportation Review Checklist written by Lynwood Beekman, Esq., rec. 3/3/93

Please confirm that the following required conditions are provided for in this proposed transportation plan.

_____ This student is not seated in an emergency exit or adjacent to a push out window.

_____ If this student is seated in the aisle seat, the wall position seat is empty or seats a child also using a safety vest or car seat.

Check any additional securement or add-on devices necessary.

- _____ Tether: _____ Location of anchor point _____
- _____ Buckle Cover
- _____ Neck Collar
- _____ Other

1. What type of wheelchair does the student currently use?

What is the approximate weight of this wheelchair including all of its attachments? _____

If electric powered, is the battery gel electrolyte, sealed lead acid, or regular lead acid? _____

If electric powered, is the child safely able to independently drive onto the lift? If not, describe the process to disengage the chair's motor.

When positioned on lift platform, motor should be _____ disengaged
 _____ engaged.

2. Has the wheelchair manufacturer indicated to the owner of this wheelchair that it is not designed for use in a motor vehicle? Yes _____ No _____
 Unknown _____

3. What type of securement device (i.e., tie-down system) will be utilized (including the proper angles and points on the chair, need for additional belts, etc.)?

-
-
4. What type of extra supportive equipment must be transported and secured (e.g., ambulation equipment, communication aides, trays, monitors, oxygen tanks, suction machines, etc.)? _____
-
5. Describe any necessary environmental specifications including modifications or adaptations needed for increased postural security, comfort, or safety (i.e., physical placement in vehicles, padding, wheel well, or other leg support, etc.). _____
6. What is the height and weight of this student? Height _____ Weight _____
7. What is the approximate point-to-point travel time from the student's residence to their school/placement? _____
8. Does this student have increased sensitivity to any of the following:
- | | |
|-------|---------------------------|
| _____ | Temperature changes |
| _____ | Odors (i.e., fumes, etc.) |
| _____ | Movement |
| _____ | Sounds |
| _____ | Sunlight |

Please describe the above sensitivities in detail as well as recommended methods of dealing with these concerns on the vehicle:

9. Please describe any special medical conditions which may present a problem on the bus
i.e., feeding tube or significant swallowing problems, allergies i.e., latex, bee stings, shunts (especially a concern for vested children), spinal rods, respiratory difficulties, etc. _____
-
-

Specify emergency evacuation precautions to be considered:

Child safe belt cutter on bus _____Yes _____No

10. Is there any head/neck support or restraint, which needs to be removed and/or added for transportation? Yes _____ No _____

If yes, specify:

Note: Any restraint which secures the child's head or neck to the back of the wheelchair must be removed for transportation.

11. Are there any trunk or extremity supports, which need to be removed or loosened during transportation? Yes _____ No _____

If yes, specify:

12. If the wheelchair has a tilt'n' space mechanism, does the student require the chair to be reclined during transportation? Yes _____ No _____

If so, degree of tilt _____ Need for mountaineering strap _____

All tie down points on one frame _____

13. Are there concerns regarding the school board's belief that all students should ride in a forward facing position? Yes _____ No _____

If yes, describe:

14. A shoulder lap belt will be utilized for securement of this student. Are there any concerns regarding this type of occupant restraint?

(Clear path for placement of lap belt, etc.) Yes _____ No _____

15. Has every viable alternate option to transport this student while in a motor vehicle been explored? Yes _____ No _____

If utilizing this wheelchair is the only viable method available to transport this student in a motor vehicle, is the present wheelchair as reasonably safe as currently possible?

Yes _____ No _____ Unknown _____

16. Do representatives of the school district or you as parents/guardians have any other concerns or suggestions, which would make transportation safer for this student?

17. Is a test run or staff in-service/training necessary before proceeding with the above planned transportation?

Yes _____ (expected date of completion) No _____

Please note: Information from the checklist above will be used by occupational and physical therapy staffs to design a securement plan for use on the vehicle.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF RISK OF TRANSPORTING STUDENTS IN WHEELCHAIRS

As the parent/guardian of _____, I have been advised by the my school district of residence, and (insert bus contractor here) of the safety factors involved in transporting students in wheelchairs. I have been provided with information concerning this matter, had the opportunity to participate in a meeting where the transportation checklist and individual transportation plan for my child was completed, and had the opportunity to raise questions and concerns.

Parent/Guardian Signature

Date

Individual transportation plan committee participants:

_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date

This report has been reviewed with me.

Parent/Guardian

Date