SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: September 13, 2017

To: Site Administrators, Division and Department Heads

Subject: REQUESTS FOR STUDENT TRANSPORTATION UNDER SECTION 504/AMERICANS WITH DISABILITIES ACT (ADA)

Department and/or Persons Concerned: Site Administrators, Division and Department Heads, Site 504 Coordinators, District Counselors, Nurses, Site Transportation Liaisons

Due Date: As necessary

Reference: None

Action Requested: Notify and distribute to site transportation liaison, school nurse, and other staff as appropriate.

Brief Explanation:

Students with physical or medical disabilities, who do not have an Individualized Education Plan (IEP), may request transportation services under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. Provisions for reasonable accommodations will be made for those who qualify.

Procedure for requesting transportation under Section 504/ADA:

1. The Section 504/ADA Request for Transportation (Attachment 1) and the Request for Transportation Verification and Recommendation (Attachment 2) forms will be available through the school nurse’s office.

2. Parent will return attachment to the nurse.

3. The school nurse, following a review and assessment of all pertinent information, will complete Attachment 2.

4. The school nurse will forward Attachment 1 and Attachment 2 to the 504/ADA Office, 4100 Normal Street, Annex 6B, San Diego, CA 92103.
5. The 504/ADA Office will verify the need for transportation and notify the school nurse of the status of the request. The school nurse will inform the parent. Approved requests will be forwarded to the Transportation Department. Transportation will contact the site transportation liaison regarding the new transportation information for the student. The site transportation liaison will inform the parent of the bus stop location, date and time service begins and ends.

For additional information call Andrea Thrower, ADA/504 Program Manager, at (619) 725-5658.

APPROVED:

Lorelei Olsen
Director, Special Education Division

ATT:lr

Attachments (2)

Distribution: Lists A, D, E and F
SAN DIEGO UNIFIED SCHOOL DISTRICT
504/ADA OFFICE

REQUEST FOR TRANSPORTATION
(Return Completed Form to the School Nurse)

Student Name: ______________________ Date of Birth: __________ Grade: _________

Parent Name: ______________________ Home Phone: __________________________

Home Address: ______________________ Business Phone: ______________________

Service Address: ____________________ Does the Student Have a 504 Plan?: ________

School of Residence: ________________ Does the Student Have an IEP?: ___________

School of Attendance: ________________ Any Special Equipment, Cast, etc.?: ________

State reason(s) for requested transportation: _______________________________________

If the reason(s) are related to your child’s health, print the names and phone numbers of doctors currently managing these health conditions:

Doctor: ___________ Phone: ___________ Doctor: ___________ Phone: ___________

The above information is correct to the best of my knowledge. I permit school health staff to exchange information with my child’s doctor(s). I understand that the information to be exchanged is limited to the health conditions associated with this request.

Signature of Parent/Guardian Date

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(For Office Use Only)
Section 504/ADA Decision

Denied: _______ Approved: _________ Level of Service: _______________ Length of Service: _________

Comments: __________________________________________________________________________

Section 504/ADA Officer Signature: __________________________________________ Date: __________

Date Transportation Notified: __________________________ Signature: _________________

Transportation Start Date: __________________________ Transportation End Date: ____________

Comments (Bus Stop, etc.): __________________________________________________________________

Date School Notified: __________________________ Signature: _________________

Date Parent Notified: __________________________ Signature: _________________
SAN DIEGO UNIFIED SCHOOL DISTRICT
504/ADA OFFICE

REQUEST FOR TRANSPORTATION
Verification and Recommendation Form

Student Name: ______________________________ Date of Request: __________________

Date of Birth: ______________________________ School: __________________

Grade: ______________________________ School Phone Number: __________________

Student ID Number: ________________________ School Fax Number: __________________

Case Manager: _____________________________ School Nurse: __________________

This student is recommended for transportation due to: __________________________________________

_____________________________________________________________________________________

Additional comments (please state if the student has extra equipment, wheelchair, cast, etc.): _________

_____________________________________________________________________________________

_____________________________________________________________________________________

Does the student need to be met at the bus stop?: _____________________________________________

The recommended level of service is: _______________________________________________________
(one block from home, one mile from home, etc.)

The recommended length of service is: _____________________________________________________
(specify number of months)

Verified by: ___________________________________________ School Nurse Date

Send completed Attachment 1 and Attachment 2 forms to:

504/ADA Office
Attn: Andrea Thrower
4100 Normal Street, Annex 6B
San Diego, CA 92103
(619) 725-5658
llehn@sandi.net