SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: July 2, 2019

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 Kimberly Shapazian, Program Manager, Specialized Settings, ADA/504 at (619) 725-7395.

APPROVED:

Sarah Ott
Executive Director, Special Education Division

SO:lr

Attachments (2)
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 ________________________

(For Office Use Only)

Section 504/ADA Decision

Denied: __________ Approved: __________ Level of Service: __________________ Length of Service: __________

Comments: __________________________________________________________

_____________________________ __________________________ Date:

Section 504/ADA Officer Signature: ________________________________________________

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: ____________________________________________ Date _______________________

School Nurse

Send completed Attachment 1 and Attachment 2 forms to:

504/ADA Office
Attn: Kimberly Shapazian
4100 Normal Street, Annex 6B
San Diego, CA 92103
(619) 725-7395
Fax: (619) 725-7367
kshapazian@sandi.net and copy llehn@sandi.net