

SITE OPERATIONS CIRCULAR NO. 1004

Office of the Chief Student Services Officer

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: September 8, 2014

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**, 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, Room 2129, 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 Michelle Crisci, ADA/504 Coordinator, at (619) 725-7225.

APPROVED:



Joe Fulcher
Chief Student Services Officer

MC:lc

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: _____

Physician Consultant Signature: _____ Date: _____

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 one month, six weeks, etc.)

Verified by: _____
School Nurse Date

Send completed Attachment 1 and Attachment 2 forms to:

504/ADA Office
4100 Normal Street, Room 2129
San Diego, CA 92103
(619) 725-7225
(619) 725-5529 (fax)
Attn: Michelle Crisci