SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: August 31, 2016

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, 4525 Market Street, Building 800, San Diego, CA 92102.
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) 362-3340.

APPROVED:

Linda Trousdale
Executive Director, Student Services

AT:lr

Attachments (2)

Distribution: Lists A, D, E and F
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: ________________________________________________________________

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: _____________________________ ________________ Date

School Nurse

Send completed Attachment 1 and Attachment 2 forms to:

504/ADA Office
4525 Market Street, Building 800
San Diego, CA 92102
(619) 362-3340
(619) 362-3347 (fax)
Attn: Andrea Thrower