TRANSPORTATION REVIEW CHECKLIST
(RECOMMENDED FOR STUDENTS USING A WHEELCHAIR)

The purpose of this checklist is for representatives of school districts of residence, R-O-D, 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: ________________________

1. 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, proceed to questions #5.

2. Briefly describe the most appropriate techniques used by the student to transfer into the vehicle seat including the level of assistance/supervision necessary by transportation staff.

________________________________________________________________________

3. What type of occupant restraint will be used?
   ___ None - reliance on compartmentalization
   ___ Lap belt
   ___ Shoulder/Lap belt
   ___ Harness/Vest: Crotch strap  Yes ___  No ___  Waist size ___

   Car seat:
   ___ Infant (rear facing - up to 20 lbs. and 26 inches)
   ___ Standard child safety seat (up to 40 lbs. and 40 inches)
   ___ Booster seat (over 40 lbs.)
   ___ Special purpose car seat
   ___ Other

4. Check any additional securement or add-on devices necessary:
   ___ Tether: Location of anchor point ______
   ___ Additional seat belts
   ___ Locking clip (with manufacturer's recommendation)
   ___ Seat belt positioning device
   ___ McNaughton clip
   ___ Neck collar
   ___ Other
5. 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 the wheelchair has a tile 'n' space mechanism, does the student require the chair to be reclined
during transportation? Yes ___ No ___

6. 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 ___

7. What type of securement device (i.e. tie-down system) will be utilized (including the proper angles
and points on the chair)?

________________________________________________________________________

8. What type of extra supportive equipment must be transported and secured (e.g. ambulation
equipment, communication aides, trays, monitors, oxygen tanks, suction machines, etc.)?

________________________________________________________________________

9. Describe any necessary environmental specifications including modifications or adaptations needed
for increased postural security, comfort, or safety (i.e. physical placement in vehicles, padding,
etc.).

________________________________________________________________________

10. What is the approximate height and weight of this student? Height ____  Weight ____

11. What is the approximate point to point travel time from the student's residence to the expected
school building placement?

________________________________________________________________________

12. Does this student have increased sensitivity to any of the following:

___ Temperature changes
___ Smells (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:

____________________________________________________________________________________

13. Specify emergency evacuation precautions to be considered:

____________________________________________________________________________________

If this student is transferring out of his wheelchair for transportation, please proceed to item #18. For those being transported in their wheelchair please continue with the questions below.

14. 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 needs to be removed for transportation.

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

If yes, Describe ______________________________________________________________________

16. A shoulder lap belt will be utilized for securement of this student. Are there any concerns concerning this type of occupant restraint? Yes _ No _

If yes describe: ________________________________

17. 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?

18. 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?

____________________________________________________________________________________

19. Is a test run or staff inservice/training necessary before proceeding with the above planned transportation? Yes _ No ___

(Expected Date of Completion _____) No ___

Please note: Information from the checklist above will be used by occupational and physical therapy staff 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 my school district of residence and R-O-D of the safety factors raised by 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

_________________________________________________________________________  ___________________________________________________________________
Name                                                                 Title          Date

This report has been reviewed with me.

_________________________________________________________________________  ___________________________________________________________________
Parent/Guardian                                         Date

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