

**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 tilt '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.

