GRANT
COUNTY SCHOOLS

GCS: Individual Transportation Seating Plan

Student's Name: _____ Student ID#: _____

Assigned School: _____ Date of Birth: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Business Phone: _____

Date of Plan: _____

Vendor Name: _____ Vendor Phone _____

1. Brand of Wheelchair _____

   Manual W/C ☐ Power W/C ☐

2. Has the wheelchair manufacturer indicated to this owner that the wheelchair is designed for use in a motor vehicle? Yes ◯ No ◯ Unknown ◯

3. Are the wheel-locks in working condition?
   Yes ◯ No ◯

4. What types of positional straps are used by the occupant in the wheelchair?

   Seat Belt ☐ Harness ☐ Trunk Strap ☐ Foot/Ankle Straps ☐

   Other

5. Are the positional straps in working condition? Yes ◯ No ◯

6. If there is a tray, should it be removed for transportation? Yes ◯ No ◯ NA ◯

   If No, explain: ☐

7. If the wheelchair is tilt-in-space, should it always be transported in the upright position?
   Yes ◯ No ◯ NA ◯

   If No, explain: ☐

8. Is there other equipment to be transported and secured? (e.g. oxygen, walker, suction machine)
   Yes ◯ No ◯

   If Yes, List: ☐

9. Are there special concerns or suggestions in order to make safer use of the wheelchair in transporting this student?
   Yes ◯ No ◯

   _____Lack of Head Control

   _____Lack of Posterior Head Support

   _____Other Concerns Explain: ☐

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Acknowledgement of Safety Concerns for Transporting Students in Wheelchairs

As the parent/guardian of _____ I have been advised by the Grant County School District of the safety factors raised by transporting students in wheelchairs. I have been provided with information concerning this matter, have had the opportunity to participate in a meeting where the Individual Transportation Seating Plan for my child was completed, and have had the opportunity to raise questions and concerns.

It is necessary for the parent/guardian to notify the District of any changes that may occur that could affect the transportation of the student.

Individual Transportation Seating Plan Committee Participants:

Name	Title	Date
Name	**Title**	**Date**
Name	**Title**	**Date**
Name	**Title**	**Date**
Name	**Title**	**Date**
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**

Distribution of Forms: ☐ ☐ ☐

OT/PT Office will copy and distribute:

PT File ☐ ECE ☐ Transportation Services ☐