

# Transportation Planning Tool

*This document is meant to be a planning tool and is not a required document.*

Student's Name:	State ID:	
Gender:	DOB:	Grade:
Resident School:	Phone:	
Serving School:	Phone:	
Date of Meeting:	Case Manager:	

## **Check all determined transportation procedures:**

- Existing bus route       Contracted transportation       County car  
 Modified bus route       Public transportation       Agency vehicle  
 Specialized transportation       Parent / Foster parent       District vehicle       Other

*If applicable, describe in detail the transportation procedures; including accommodations:*

## **Check how all determined transportation is funded:**

(CWA – Child Welfare Agency    LEA – Local Education Agency    SS – Serving School)

- CWA agrees to pay       CWA agrees to reimburse foster parents  
 LEA agrees to pay       LEA and CWA agree to share the costs  
 LEA and SS agree to share costs       Other:

**Detail the cost of transportation (mileage, para on bus, etc. & if costs are shared what is the agreement):**

**What dates will this transportation plan be in effect?**