

SAN DIEGO CITY SCHOOLS

Date: December 16, 2005

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 Liaison

Due Date: None

Reference: None

Action Requested: Notify and distribute as appropriate.

Brief Explanation:

Students with physical or medical disabilities, **who are not certified for special education**, 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 1 to the school 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 2 to the 504/ADA Office, 2351 Cardinal Lane, Annex B.
5. The Mental Health Resource Center 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 Linda Rubin at (858) 496-8031.

Shirley Culver
Program Manager
Mental Health Resource Center

APPROVED:

A handwritten signature in black ink, appearing to read "Geno Flores". The signature is written in a cursive style with a large initial "G".

Geno Flores
Deputy Superintendent

SC:ldr

Attachments (2)

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

SAN DIEGO CITY SCHOOLS
Mental Health Resource Center/Section 504/ADA

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 need to be met? _____

School of Residence: _____ Does the student have an IEP? _____

School of Attendance: _____ Any special equipment, cast, etc? _____

State reasons for request for transportation: _____

If the reasons 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: _____

Physician Consultant Signature: _____ Date: _____

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 CITY SCHOOLS
Mental Health Resource Center
Section 504/ADA

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 based on the medically verified condition of: _____

Additional comments (Please state if the student has extra equipment, has a 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 one month, six weeks, etc.)

Verified by: _____ Date: _____
School Nurse

Send completed Attachment 1 and Attachment 2 to:

Mental Health Resource Center
2351 Cardinal Lane, Annex B
San Diego, CA 92123
(858) 496-8031
(858) 496-2113 (fax)
Attn: 504 Office