INDIVIDUAL TRANSPORTATION PLAN
FOR A STUDENT IN FOSTER CARE

Student’s name:
Student’s date of birth: / / 
Student’s current grade level:
School to be attended (address):
Foster care placement address (address from which transportation will be provided):
School district of origin:
School district of residence, now designated district of attendance (where different from district of origin):

Date of best interest determination (BID) document received: / / 
Date of Individual Transportation Plan for a Student in Foster Care completion: / / .
(within two to three business days for in-district, or five to seven business days for out-of-district of notification of BID)
Date transportation must commence: / / 
(within two to three business days for in-district or five to seven business days for out-of-district of notification of BID)
Transportation plan reviewed annually: Date(s): / / , / / 

Local Department of Social Services (LDSS) Information
Name of LDSS:
LDSS POC telephone and email:
Other (i.e., nonprofit, voluntary agency, etc.) with name and contact info:

District of Attendance Contact Information
Superintendent:
Telephone and email:
LEA POC:
Telephone and email:
Transportation director (or equivalent):
Telephone and email:
Transportation employing agency (if not school district):
District of Origin Contact Information (if applicable)

Superintendent:
Telephone and email:

LEA POC:
Telephone and email:
Transportation director (or equivalent):
Telephone and email:

Approved Transportation Plan
(Until further revisions due to a change in services or a new school year)

Once the regular transportation arrangements are made, the child will (check appropriate box):

☐ Walk (only if this is consistent with home-to-school travel policy for students living a similar distance from school)

☐ Use public transportation (only if this is consistent with home-to-school travel policy for students in similar circumstances)

☐ School-operated or contracted travel on a bus or other vehicle
  a. If school-operated or contracted travel is the choice above, the student will travel on a vehicle owned and operated by:
  b. If a transfer between school buses is necessary, please describe:
  c. This is existing route # (where applicable)

☐ Private transportation services provided by the child welfare agency

These transportation procedures were agreed to on the following date: / / 

Authorized Signature for District of Attendance (if not district of origin):

Authorized Signature for District of Origin (only needed for student who has IEP with transportation as a related service):