



MEMORANDUM

Date: \_\_\_\_\_

TO: Ms. Susan Detmold-Collins, Director II  
Department of Transportation

FROM: \_\_\_\_\_, SPED Instructional Supervisor  
Regional Center \_\_\_\_\_

SUBJECT: **REQUEST FOR SPECIAL TRANSPORTATION SERVICES DUE TO MEDICAL NEEDS**

This memorandum is a request for special transportation services due to medical needs for the student listed below. The required documents are attached and additional information is provided.

Student: \_\_\_\_\_ ID #: \_\_\_\_\_

Assigned School: \_\_\_\_\_

Exceptionality/Handicapping Condition: \_\_\_\_\_

Type of Special Transportation Service Required:

- \_\_\_\_\_ Shorter Transport Time: Explain \_\_\_\_\_
- \_\_\_\_\_ Air Conditioned Vehicle
- \_\_\_\_\_ Wheelchair Accessible
- \_\_\_\_\_ As Close to Home as Possible
- \_\_\_\_\_ 504 Accommodation
- \_\_\_\_\_ Other: Specify \_\_\_\_\_

DOCUMENTS ATTACHED:

- \_\_\_\_\_ IEP (Current)
- \_\_\_\_\_ 504 Accommodation Plan
- \_\_\_\_\_ Consent Form for Mutual Exchange of Information
- \_\_\_\_\_ Review from District Medical Consultant/University of Miami

For further information, please contact this office at 305- \_\_\_\_\_.

Attachments (Provided upon request)

xc: Assistant Superintendent, Regional Center \_\_\_\_\_  
Administrative Director, Exceptional Student Education, Curriculum and Instruction  
Principal \_\_\_\_\_  
Staffing Specialist \_\_\_\_\_  
District Medical Consultant Liaison (Mail Code 9618)