



MIAMI-DADE COUNTY PUBLIC SCHOOLS

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)