**Transportation Plan Form**

**Attending School of Origin from Out-of-Home Placement**

*Once completed, a copy of this document shall be kept in the student’s education record and uploaded to the statewide automated child welfare information system.*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student School ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_

Local Department of Social Services (CWA):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The LEA is responsible for implementing the Transportation Plan that will be in place within five (5) school days of the LEA learning of the student’s Best Interests Determination. In the interim, the CWA is responsible for implementing the student’s interim transportation plan.

**The LEA verifies that:**

1. The following efforts were taken to identify a no-cost or low-cost transportation service from the student’s out-of-home placement to the school of origin (i.e., transportation provided by foster resource; use of existing bus routes, other public transportation) (check all that apply):

* Exploration of existing school bus routes and public transportation to determine if feasible to add a stop or make some other low/no-cost request.
* Discussion with CWA regarding whether a foster parent or custodian can assist in transporting student and receive reimbursement from CWA for mileage.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. After reviewing possible low-cost and no-cost transportation options for the student, the LEA has determined (check the applicable option):
   * No existing transportation option can be reasonably modified to maintain the student in the school of origin from the new living placement.
   * An existing transportation option can be reasonably modified to maintain the student in the school of origin from the new living placement. The modification consists of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + An existing transportation option that can maintain the student in the school of origin from the new living placement exists. The existing option is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S TRANSPORTATION PLAN**

1. The most cost effective, appropriate transportation option for maintaining the student in the school of origin is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Additional costs for this transportation will be covered according to previously agreed upon procedures set by the LEA and CWA in the Educational Stability Memorandum of Agreement.
2. These transportation procedures will be implemented on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, within five (5) school days of the LEA learning of the Best Interests Determination. (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEA Authorization** (signature) (printed name) (title) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CWA Authorization** (signature) (printed name) (title) (date)