



A handout from...

The Rehabilitation Engineering
Research Center on Wheelchair
Transportation Safety

TRANSPORTATION REVIEW CHECKLIST

The purpose of this checklist is for representatives of school districts of residence, the Trumbull County Educational Service Center, Community Bus Service, Inc., (where appropriate), and parents to review the special transportation needs of students who use wheelchairs (3 wheeled scooters are included). The following areas are noted as possible matters of concern, but the participants should raise any other items of concern as well in order that they might be discussed and addressed.

Student's Name: _____ Date: _____

1. Once on the bus, is it feasible for the student (with or without assistance), to move from a wheelchair to a regular seat? Yes _____ No _____

If yes, please continue to answer the questions below. If no, please proceed to question #5.

2. Briefly describe the safest way for the child to board and leave the bus and the most appropriate techniques used by the student to transfer into the vehicle seat including the level of assistance/supervision necessary by transportation staff.

3. What type of occupant restraint will be used?
_____ None – reliance on compartmentalization

_____ Harness/Vest: Crotch strap Yes ___ No ___ Waist Size with clothing only ___
Waist Size with coat _____

Please Note: When at all possible, vests will be put on and taken off by school staff with the assistance of transportation staff at the school and parents when at home. Is training necessary?
_____ No _____ Yes (if yes, date of training __/__/__)

Portable seat mounts will be installed and checked daily by transportation staff that will be responsible for assisting the child onto the bus and into the seat and for securing the vest to the seat mount. In addition, they will be responsible for being certain that the seat behind the vested child will be empty or is occupied by a child who is also in a vest or car seat. Is training necessary? No _____ Yes _____ (if yes, date of training _____)

9. Describe any necessary environmental specifications including modifications or adaptations needed for increased postural security, comfort, or safety (i.e., physical placement in vehicles, padding, wheel well, or other leg support, etc.). _____

10. What is the height and weight of this student? Height _____ Weight _____

11. What is the approximate point-to-point travel time from the student's residence to their school/placement? _____

12. Does this student have increased sensitivity to any of the following:

- _____ Temperature changes
- _____ Smells (i.e., fumes, etc.)
- _____ Movement
- _____ Sounds
- _____ Sunlight

Please describe the above sensitivities in detail as well as recommended methods of dealing with these concerns on the vehicle: _____

13. Please describe any special medical conditions which may present a problem on the bus i.e., feeding tube or significant swallowing problems, allergies i.e., latex, bee stings, shunts (especially a concern for vested children), spinal rods, respiratory difficulties, etc. _____

14. Specify emergency evacuation precautions to be considered: _____

Child safe belt cutter on bus _____ Yes _____ No

15. Is there any head/neck support or restraint, which needs to be removed and/or added for transportation? Yes _____ No _____

If yes, specify: _____

Note: Any restraint which secures the child's head or neck to the back of the wheelchair needs to be removed for transportation.

16. Are there any trunk or extremity supports, which need to be removed or loosened during transportation?

Yes _____ No _____

If yes, specify: _____

17. If the wheelchair has a tilt- in-space mechanism, does the student require the chair to be reclined during transportation? Yes _____ No _____

If so, degree of tilt _____ Need for mountaineering strap _____

All tie down points on one frame _____

18. Are there concerns regarding the school board's belief that all students should ride in a forward facing position? Yes _____ No _____

If yes, describe: _____

19. A shoulder lap belt will be utilized for securement of this student. Are there any concerns regarding this type of occupant restraint? (Clear path for placement of lap belt, etc.)

Yes _____ No _____

If yes, describe: _____

20. Has every viable alternate option to transport this student while in a motor vehicle been explored? Yes _____ No _____

If utilizing this wheelchair is the only viable method available to transport this student in a motor vehicle, is the present wheelchair as reasonably safe as currently possible?

Yes _____ No _____ Unknown _____

21. Do representatives of the school district or you as parents/guardians have any other concerns or suggestions, which would make transportation safer for this student? _____

22. Is a test run or staff in-service/training necessary before proceeding with the above planned transportation? Yes _____ (Expected Date of Completion _____) No _____

Please note: Information from the checklist above will be used by occupational and physical therapy staff to design a securement plan for use on the vehicle.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF RISK OF TRANSPORTING STUDENTS IN WHEELCHAIRS

As the parent/guardian of _____, I have been advised by the Trumbull County Educational Service Center, my school district of residence, and Community Bus Service, Inc. of the safety factors involved in transporting students in

wheelchairs. I have been provided with information concerning this matter, had the opportunity to participate in a meeting where the transportation checklist and individual transportation plan for my child was completed, and had the opportunity to raise questions and concerns.

Parent/Guardian Signature

Date

Individual transportation plan committee participants:

Name

Title

Date

Name

Title

Date

Name

Title

Date

Name

Title

Date

Name

Title

Date

Name

Title

Date

This report has been reviewed with me.

Parent/Guardian

Date

For more information about
Wheelchair Transportation Safety
visit...

<http://www.rercwts.org/>

