

Students with Disabilities Transport Program: Individual Student Travel Plan

|  |
| --- |
| This plan has been created to ensure the student named below follows the transport safety requirements as outlined in in the Students with Disabilities Transport Program Policy and Procedures document. The student’s travel plan must be developed in consultation with their parents/guardians. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  | | | Age |  |
| School Name |  | School Contact |  | | |
| Operator |  | Route |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has a travel/risk assessment been made? | Yes |  | No |  |
| Is the student suitable to travel? | Yes |  | No |  |
| Are there any additional assessments required to ensure safe transportation of the student?  (i.e. – challenging behaviours/ safety to self and others/ does the student require additional health professional assessment (Occupational Therapist) or prescribed therapeutic aids? | Yes |  | No |  |
| For further information regarding transporting children with additional needs, please refer to; <https://www.vicroads.vic.gov.au/safety-and-road-rules/vehicle-safety/child-restraints> | | | | |

|  |
| --- |
| Special Interests /Motivators |
|  |

|  |
| --- |
| Behavioural/Travel Issues |
|  |

|  |
| --- |
| Behavioural/Travel Strategies |
|  |

|  |
| --- |
| Travel Plan |
|  |

|  |
| --- |
| Comments |
|  |

|  |  |
| --- | --- |
| Travel Plan Review Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  | Student Signature |  | Date |  |
| Parent/Guardian Name |  | Parent/Guardian Signature |  | Date |  |
| Principal Name |  | Principal/Delegate Signature |  | Date |  |
| Operator Name |  | Operator Representative’s Signature |  | Date |  |