Transportation Assessment

Instructions

It is extremely important that this assessment be completed by the occupational and/or physical therapist in cooperation with the transportation supervisor and/or bus driver and attendant/monitor. This evaluation is to be completed on the bus to accurately assess the tie downs, occupant restraints, and other items needed by the student.

I. School Bus Use
   This evaluation is to be used with any student with a disability who rides the school bus on a daily basis to and from school, on a field trip, or to a CBI site.

II. Loading/Unloading
   Note how the student gets on and off the school bus.

   Please note that best practices state that no students are to be carried up or down the bus steps.

   Best practices also state that when a student uses a motorized wheelchair he/she should be encouraged to maneuver his/her motorized wheelchair independently onto the lift when on the ground. However, when the lift is at the bus floor level the motorized wheelchair should be manually pushed onto or pulled off the bus lift. Power to the wheelchair must also be turned off and brakes applied before lift is to be engaged.

   In the Comments section, note how long it takes for the student to get on/off the bus, level of assistance needed, and alternative means, such as borrowing a wheelchair/stroller for use on the bus lift.

III. Seating Position
   Any student who can assist with a transfer or be “reasonably” moved from a wheelchair, stroller, or specialized seating device to the bus’ original manufacturer’s forward-facing seat should be transferred to an appropriate seat for school bus transportation. Students using three-wheeled carts must transfer to the bus seat for transportation.

IV. Occupant Restraint
   Questions to ask when determining if the student can rely on compartmentalization follow.

   If the answer is no to any question, then the student may need a safety vest or be transported in an integrated seat or other child safety seat (car seat).
   • Does the student have the physical ability to sit up straight on the bus seat, especially when the bus is moving?
   • Does the student have sufficient sitting balance to maintain his/her trunk upright when the bus is moving?
   • Does the student have the cognitive ability to sit up straight?
According to the National Highway Traffic Safety Administration Guidelines, pre-school children should be restrained in one of the following:

- A safety vest with crotch strap
- An integrated seat
- A conventional or special needs car seat
- An add-on seating system

Car seats used on school buses must comply with Federal Motor Vehicle Safety Standards (FMVSS) 213, Child Restraint Systems.

- The transportation team should contact their local child passenger safety (CPS) technician regarding the specifics of the car seat to be used in view of the child’s weight, height and age
- Only a soft cervical collar should be used during transportation
- The need for additional securements, such as a tether strap for a special needs car seat, will be determined according to the manufacturer’s instructions and the assistance of the CPS technician

V. Wheelchair Positioning

Wheelchair specifics:

Type: Describe the specifics of the mobility base and seating system. Describe the details of the system. Note if the seating system is different (e.g., molded system, etc.).

Weight: Note the approximate combined weight of the wheelchair, attachments, medical equipment that stays on wheelchair during transportation, and the student. Be sure to include the weight of orthoses if usually worn during transportation.

Motorized: Lead acid batteries should not be transported in the passenger compartment of any vehicle.

Tilt in Space: When a student is transported in a wheelchair with a tilt in space mechanism, the degree of tilt needs to be carefully evaluated. Tilting more than 30° may reduce the effectiveness of the shoulder portion of the occupant restraint system. (Note: A student may have a medical condition that requires more than a 30° tilt; this is where the transportation team must evaluate the specifics and determine if the shoulder strap needs to be attached vertically.)

Recline: When a student is transported in a wheelchair with a recline mechanism, the degree of recline must be carefully evaluated. Reclining more than 30° may reduce the effectiveness of the shoulder portion of the occupant restraint system. (Note: A student may have a medical condition that requires more than a 30° recline; this is where the transportation team must determine additional positioning straps or devices to be added to minimize the potential for the student to slide out of the wheelchair during transportation. The transportation team must also evaluate if the shoulder strap needs to be attached vertically.)
Wheelchair Components:

Every student riding the school bus is different. Likewise their individual wheelchair and positioning needs are different.

Indicate the presence or absence of any component in the Comments section, including the condition of the components, the need for repairs or replacement, or necessity of the component for the particular student. When there are removable components, particularly the headrest, it is helpful to the bus staff if the OT/PT marks exactly where the headrest should be positioned during transportation.

Student Specifics:

Record the weight and height of the student.

Any restraint that secures the student’s head or neck to the back of the wheelchair must be removed for transportation. Then assess the need for a soft cervical collar.

Best practices recommend that aggressive positioning adaptations be removed for transportation.

A student with poor head control may need to sit near the front of the bus where there is less motion as compared to the back of the bus. Students with athetoid movements may need to be positioned away from other students.

List any specific emergency precautions, such as how long a student on life support systems can survive, if they must be removed from the life support, and describe the need for an Ambu Bag.

VI. Additional Equipment

Medical Equipment:
• Indicate whether the student has medical equipment that is transported to and from school. (Transported equipment must be easily accessible.)
• Describe how the equipment will be protected. (Best practices suggest that the equipment, such as oxygen canisters, be secured at the mounting location to withstand a pulling force five times the weight of the item or contained in an enclosed latched component.)

Assistive Technology:
• Indicate whether the student has assistive technology that is transported to and from school.
• Describe how the equipment will be protected.

Other Equipment:
• List any other equipment that is transported on the school bus and how it is secured.

VII. Summary

Based on this evaluation, summarize your transportation recommendations.
For additional information see the following references: AAP (2008); Bluth, (2009) and Rehabilitation Engineering Research Center on Wheelchair Safety and University of Michigan Transportation Research Institute University of Michigan Health System (2009).

**Transportation Evaluation**

Name: _____________________________ DOB: ___/___/___ DOE:___________

School: _____________________________ ESE Program: _____________________

Medical Diagnosis/History: _____________________________________________

I. **School Bus Use**

Does the student ride the bus to school?  □ Yes  □ No
Does the student ride the bus on field trips? □ Yes  □ No
Does the student ride the bus to CBI site? □ Yes  □ No

II. **Loading/Unloading**

How does the student get on/off bus?

___ Uses stairs independently.
___ Uses stairs with assistance or supervision.
___ Maneuvers manual wheeled mobility device on/off bus lift independently.
___ Requires physical assistance to maneuver manual wheeled mobility device on/off bus lift.
___ Maneuvers motorized wheeled mobility device onto bus lift independently when on ground. (Note: Student’s motorized wheelchair should be manually pushed onto/pulled off the bus lift when lift is at bus floor level.)
___ Requires physical assistance to maneuver motorized wheeled mobility device onto bus lift when on ground. (Note: Student’s motorized wheelchair should be manually pushed onto/pulled off the bus lift when lift is at bus floor level.)

Comments: __________________________________________________________

III. **Seating Position**

Location:

___ Bus seat
___ Wheeled mobility device
Describe the most appropriate transfer for the student and the level of assistance or supervision needed. 

__________________________________________________________________________

__________________________________________________________________________

IV. **Occupant Restraint**

*What type of child safety restraint system is needed?*

___ None – reliance on compartmentalization  
___ Safety vest  
___ Safety vest with crotch strap  
  Waist size ______  
___ Integrated seat  
___ Car seat  
  Weight of student ______  
  Height of student ______

Are any additional security measures or add-on devices necessary?  
___ Soft cervical collar  
___ Other _______________________

Concerns or modifications recommended: ________________________________

__________________________________________________________________________

__________________________________________________________________________

V. **Wheelchair Positioning**

Wheelchair Type:  
Describe: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Weight:  
Give approximate overall combined weight of the wheelchair, attachments, essential medical equipment attached to wheelchair, and the student: ________________________

Motorized:  
If the wheelchair is motorized, is there a gel battery?  ___ Yes  ___ No  
If the battery is not a gel battery, where is it transported? __________________________

__________________________________________________________________________

Tilt in Space:  
If the wheelchair has a tilt in space mechanism, does the student require the chair to be tilted during transportation?  ___ Yes  ___ No  
If yes, state degree of tilt: _____________________________________________________
Describe why this degree of tilt is necessary during transportation:

________________________________________________________________________

Reclining:
If the wheelchair has a reclining mechanism does the student require the chair to be reclined during transportation?  □ Yes  □ No

If yes, state degree of recline: _______________________________________________

Describe why this degree of recline is necessary during transportation:
________________________________________________________________________

________________________________________________________________________

Note any additional positioning straps or devices to be used to help maintain the student in his reclined wheelchair during transportation:
________________________________________________________________________

________________________________________________________________________

Other:
Note if the seating system and mobility base is different from the usual system (e.g., car seat on mobility base, molded system, etc.):
________________________________________________________________________

________________________________________________________________________

Wheelchair Components:
Every student riding the school bus is different. The following wheelchair components should be assessed, and a transportation team should make a final decision regarding the transportability of a wheelchair and the need for additional supports.

Circle yes if the following components are in place:

<table>
<thead>
<tr>
<th>Component Description</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1. Are the wheel locks holding properly?</td>
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<td>2. Is the seat of the chair attached securely to the frame?</td>
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<td>3. Is the back of the chair attached securely to the frame?</td>
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</table>
4. Is the positioning belt attached securely to the frame? 
   Yes No __________________

5. Is the anterior chest harness:
   a. Securely attached? Yes No __________________
   b. Holding the student correctly? Yes No __________________

6. Are the lateral trunk supports:
   a. Securely in place? Yes No __________________
   b. Holding the student in an upright posture? Yes No __________________

7. Is the headrest:
   a. Securely attached? Yes No __________________
   b. Providing proper support? Yes No __________________

8. Are the foot rests:
   a. Staying in place? Yes No __________________
   b. Providing proper support? Yes No __________________

9. Are the anti-tip bars:
   a. Present? Yes No __________________
   b. Functioning appropriately? Yes No __________________

10. Are the tires:
    a. Inflated? Yes No __________________
    b. Badly worn? Yes No __________________

Student Specifics:

Weight of student: ____________
Height of student: ____________

Is there any head/neck support or restraint that needs to be removed and/or added for transportation? □ Yes  □ No
If yes, specify: __________________________________________________________

______________________________________________________________

Are there any other aggressive positioning adaptations that need to be removed during transportation (e.g., SUBASIS bar or anterior knee blocks)? ______________________
Does the student need to be positioned in a specific area of the bus? ☐ Yes ☐ No

If yes, describe location and reason.

List any specific emergency evacuation precautions to be considered.

VI. Additional Equipment

Medical Equipment

Does the student have medical equipment that is transported on the school bus? ☐ Yes ☐ No

If yes:

<table>
<thead>
<tr>
<th>Type of Device</th>
<th>Is it critical to use it during transportation?</th>
<th>Is there a carrying case/protective covering?</th>
<th>How is it secured within bus?</th>
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Assistive Technology

Does the student have an assistive technology device that is transported on the school bus? ☐ Yes ☐ No

If Yes:
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<th>Type of Device</th>
<th>Is there a carrying case/ protective covering?</th>
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*Other*

Is there additional equipment that must be transported and secured (e.g., ambulation equipment, tray, etc.)?  □ Yes  □ No
If yes, list: ____________________________________________
________________________________________________________
________________________________________________________

How are these equipment devices secured on the bus?
________________________________________________________
________________________________________________________
________________________________________________________

**VII. Summary**

Recommendation for transportation: __________________________________________
________________________________________________________

Therapist’s Signature
________________________________________
Therapist’s Name – Printed
________________________________________
Date
________________________________________