

# NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

## ACCESSIBILITY STANDARDS FOR STUDENT TRANSPORTATION SERVICES

S 19.1  
2014 06 06

### **PURPOSE:**

Our Catholic School Board community respects, builds upon, and indeed celebrates the uniqueness of the individual, who is created in God's image. The Nipissing-Parry Sound Catholic District School Board (NPSC) strives to ensure that key principles of independence, dignity, integration and equality of opportunity are reflected and valued in our learning and working environments. As such, NPSC is committed to ensuring that students with disabilities have the same opportunity of access to our services in a similar way as these services are available to all others we serve. We are committed to meeting, in a timely manner, the accessibility needs of students with disabilities in the provision of services related to student transportation.

### **POLICY STATEMENT:**

In accordance with our Gospel values and the Church's teachings, it is the policy of the Nipissing-Parry Sound Catholic District School Board to ensure that accessible school transportation services are provided for students with disabilities in a manner that meets their unique needs and ensures their safety. Where appropriate and practicable, integrated accessible school transportation services will be provided.

The provision of accessible student transportation services will include the development of an individual student transportation accessibility plan (ISTAP) for each student who has a disability that affects their transportation to and from school. The plan will be developed by the Nipissing-Parry Sound Catholic District School Board Special Education Services in collaboration with the Transportation Provider and in consultation with the student's parents or guardians.

The Nipissing-Parry Sound Catholic DSB provides student transportation through a contract of services with the Nipissing-Parry Sound Student Transportation Services (NPSSTS).

### **DEFINITIONS:**

**Individual Student Transportation Accessibility Plan** is a plan that provides details of the arrangements that meet the transportation needs of an individual student who has a disability.

**Operator** means the driver of the school transportation vehicle.

**Transportation Provider** is an entity or person who has entered into an agreement with the board for the transportation of students in accordance with the Education Act.

**Transportation Services** means transportation that a board provides for students in accordance with the Education Act.

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### ADMINISTRATIVE PROCEDURE:

#### **1. Responsibility**

- 1.1 The Board will ensure that the provisions of this Administrative Procedure are in place by January 1, 2014.
- 1.2 The Superintendent responsible for Special Education and the Student Transportation Manager, or his/her designate will ensure that the provisions of this administrative procedure are implemented.

#### **2. Individual Student Transportation Accessibility Plans (ISTAP)**

- 2.1 The Superintendent responsible for Special Education, or his/her designate, will in consultation with parents or guardians and schools, annually identify and review students with disabilities who require special transportation services.
- 2.2 Such review will occur each spring prior to the school year and throughout the year for new requests following the operational procedure outlined in the Nipissing-Parry Sound Student Transportation Services Special Transportation policy (NPSSTS AC-001-1).
- 2.3 Following consultation with parents or guardians, the Superintendent responsible for Special Education, or his/her designate, will work with the Student Transportation Manager, or his/her designate, to develop a student transportation accessibility plan for each student with a disability who requires specialized and specific transportation services. (See AC-001-1)

#### **3. Content for Individual Student Transportation Accessibility Plans (ISTAP)**

- 3.1 A student transportation accessibility plan shall, in respect of each student with a disability requiring specific transportation services, include the following:
  - i. Details of the student's assistance needs with respect to transportation to and from school.
  - ii. Provisions for the boarding, securement and debording of the student as applicable.

#### **4. Communication of Responsibilities re: Student Transportation Accessibility Plans**

- 4.1 The Superintendent responsible for Special Education and the NPSSTS Student Transportation Manager or his or her designate, will identify and communicate roles and responsibilities with regard to the implementation of the individual school transportation plan to the following:

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- i. The Transportation Provider.
- ii. The parents or guardians of the student with the disability.
- iii. The operator (driver) of the student transportation vehicle.
- iv. The appropriate members of the school staff (e.g., principal, teacher, educational assistant).
- v. The student with the disability.

### 5. Annual Review

This document will be reviewed annually and updated as required.

### **LEGAL FRAMEWORK:**

- Ontarians with Disabilities Act, 2001 (ODA)
- Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- Integrated Accessibility Standards - Ontario Regulation 191/11
- Ontario Human Rights Code

### **BOARD REFERENCES**

- NPSCDSB Multi-Year Accessibility Plan 2012-2017
- Accessibility Standards AG 10.1
- ENDS E1
- Treatment of Students and Parents EL2
- Treatment of Staff EL 3
- Asset Protection EL7
- Equity and Inclusive Education AG 22.1
- Accessibility Standards for Customer Service
- Catholic Atmosphere and Philosophy of our School Environment C 13.0
- Nipissing-Parry Sound Student Transportation Services: Special Transportation Needs AC-001/AC-001-01
- Transportation of Pupils S. 19.0
- NPSC Special Education Report 2013
- Ontario Education Services Corporation Samples Resources (OESC)
- Waterloo Catholic DSB – Student Transportation Accessibility Standard (2012)



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**SPECIAL TRANSPORTATION NEEDS / ISTAP**

**SECTION A – Student Information**

<b>Student Name:</b>		<b>Grade:</b>	
<b>Student School:</b>		<b>Placement:</b>	
<b>Pickup Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Childcare		<b>Arrival at School:</b> <input type="checkbox"/> Regular Bell Times <input type="checkbox"/> Other _____	
<b>Dropoff Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Childcare		<b>Departure from School:</b> <input type="checkbox"/> Regular Bell Times <input type="checkbox"/> Other _____	
<b>Parent/Guardian:</b>			
<b>Contact Numbers:</b>	Home	Cell	Work

**SECTION B - Individual Student Transportation Accessibility Plan (ISTAP)**

**Does this student require an "ISTAP"?**

**No ---> Please go to Section E**

**Yes ---> Indicate Disability/Special Need: \_\_\_\_\_**

<b>BOARDING/ DEBOARDING</b>	<b>Yes/No</b>	<b>STUDENT SECUREMENT/EQUIPMENT/OTHER</b>	<b>Yes/No</b>
Student requires assistance boarding in the a.m.		Student requires securement while in transit	
Student must be met at school in the a.m.		Student requires equipment or a mobility apparatus while in transit. Indicate (i.e., wheelchair/walker: indicate if electric or manual)	
Student requires assistance deboarding at the school		Student requires a Booster or Car Seat when in a cab/van <b>(Please indicate which one)</b>	
Student requires assistance boarding in the p.m.		Student must Ride Alone	
Student must be met at his stop in the p.m.		Student rides with a Monitor	
Student requires assistance deboarding at home stop		Student has a medical condition that may present itself during transport <i>(If YES: Please complete AC-001-3 and attach)</i>	

Additional Information:

**SECTION C – Emergency Plan**

This is a detailed plan for the student for transportation purposes in an emergency situation. In the event of a school lockdown, emergency evacuation or accident that alters the scheduled drop-off or pick-up of the student, the school will follow the established school board policy/procedure. Please identify any additional relevant information relating to this student below (i.e., if schedule/routine is disrupted).

\*Use or attach a separate page if necessary\*

SCHOOL LOCKDOWN	
EMERGENCY SCHOOL EVACUATION	
<b>ACCIDENT/EMERGENCY EVACUATION ON ROUTE</b>	<b>Complete Appendix A. Complete Appendix B if student is in a wheelchair.</b>



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### SECTION D - Statement of Roles and Responsibilities

Operator	Parent/Guardian	School Staff	Student
<ul style="list-style-type: none"> <li>Ensure that students are transported safely and according to needs</li> <li>Consistency is important</li> <li>Ensure driver is aware of LIFE THREATENING medical condition according to the information herein</li> <li>Where a Mobility Aid Accessible Vehicle is required follow established Operating Procedure</li> <li>Provide Car Seat/Booster Seat where applicable based on legal requirements</li> <li>Be aware of boarding and deboarding instructions in Section B</li> </ul>	<ul style="list-style-type: none"> <li>Ensure school and NPSSTS are aware of medical conditions</li> <li>Communicate any change immediately to your school</li> <li>Ensure your child is prepared at their designated pickup time</li> <li>Ensure you contact your operator if your child will be absent</li> <li>Ensure that your child is safely buckled in to their seat when applicable</li> <li>Where Private Property Driveway is used, it must be maintained in all seasons and clear of obstructions or hazards</li> </ul>	<ul style="list-style-type: none"> <li>Advise NPSSTS and parents of any issues during transport</li> <li>Help identify tools that may help driver and/or monitor while transporting. i.e., ONE PAGE PROFILE or SCHOOL BUS SAFETY PLAN</li> <li>Advise NPSSTS of all changes in schedule</li> <li>Ensure that child is safely buckled in to their seat when applicable</li> <li>Ensure that any LIFE THREATENING medical conditions are reported on FORM AC-001-3</li> </ul>	<ul style="list-style-type: none"> <li>Follow CODE OF CONDUCT</li> <li>Advise driver and/or monitor of any emergency health issues or concerns</li> <li>Be prepared at designated pickup time and assigned stop location</li> </ul>

### SECTION E - Consultation and Communication of ISTAP

Principal consulted with Parent/Guardian and Student with respect to the ISTAP :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Consulted:	
			(mm/dd/yyyy)	
Principal Name & Signature:	Parent/Guardian/Student 18 years or older Name & Signature:			
Print _____ Signature _____	Print _____ Signature _____			
<p><i>Signature identifies that the School/School Board has consulted with the parent/guardian/student 18 years of age or older in the development of the ISTAP. If this form is submitted electronically, ensure that a signed copy is maintained in the school. Any additional information identified may require the ISTAP to be reviewed again by the parent/guardian/student 18 years of age or older.</i></p> <p><b>NOTE:</b> This information is collected in accordance with school board responsibilities as outlined in the Education Act and complies with the regulations of the Municipal Freedom of Information and Protection of Privacy Act. I agree that the above personal information be shared with student transportation service providers who support the School Board. A copy of the completed ISTAP will be shared with NPSSTS, school vehicle operator and driver for review of their roles and responsibilities in the plan. For further information on the collection and use of personal information, please contact the school principal.</p>				

**At this point: FORWARD TO Authorizing Official at Board Office – ONLY if transportation is required**

### SECTION F - Review and Approval

<b>Other Information:</b> (any additional information about the student that may assist with transportation)	
Are there any special strategies that can be utilized to assist the student during the transportation?	
<input type="checkbox"/> Cab/Van	<input type="checkbox"/> Regular School Bus
<input type="checkbox"/> Other:	
<b>Start Date:</b>	<b>End/Review Date:</b>
<b>Approval by Special Education Co-ordinator:</b>	<b>Date:</b>
<b>Approval by Superintendent of Business:</b>	<b>Date:</b>

**At this point: FORWARD TO NPSSTS by Fax: 705-472-3170 or Email: info@npssts.ca**

### SECTION G – NPSSTS USE ONLY

Operator:	Route Number(s):
Operator Telephone:	Additional Information:
<input type="checkbox"/> Document to School (OSR)	<input type="checkbox"/> Document to Operator
<input type="checkbox"/> Document to Board	<input type="checkbox"/> Document to File



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**BASELINE INFORMATION FOR EMERGENCY ASSESSMENT  
APPENDIX A**

**In the event of an emergency during transit, please assist us by providing any information that will assist a first responder.**

STUDENT NAME	
PRIMARY DISABILITY	
Is your child verbal or non-verbal?	
Does your child suffer from Seizures? (If yes please ensure an emergency protocol is completed and attached)	
Does your child have visual impairment?	
Does your child have hearing impairment?	
Does your child have mobility issues? Please provide detail. (Complete Appendix B if child is in a wheelchair)	
Does your child have any medical implants that a first responder will need to know about in an emergency?	
Does student require a Harness during transit? Complete AC-001-5.	
Additional Information that would be important to share (use reverse if necessary):	

EMERGENCY NUMBER TO CALL (PRIMARY): \_\_\_\_\_

EMERGENCY NUMBER TO CALL (SECONDARY): \_\_\_\_\_



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**WHEELCHAIR EMERGENCY EVACUATION  
APPENDIX B**

**In the event of an emergency during transit, and your child must be removed from the school bus, please assist us by providing any information that will assist a first responder.**

<b>Can your child be removed from their wheelchair in an emergency? (Yes/No)</b>	
<b>If NO, please explain why:</b>	
<b>Specifications/functions of the child's wheelchair that a person performing an emergency evacuation should be aware of?</b>	
<b>Critical Health History for a First Responder to be aware of? (Use reverse if necessary) For example: Allergies, range of mobility, sensitivity to temperature/regulation of body temperature, sensitivity to light or sound, aggression?</b>	
<b>The ability for this student to help in an emergency situation (i.e. can this student lift themselves out of their wheelchair, supervise other students, etc.</b>	