

The following **model** Transportation Plan for a specific child should serve as a supplement to the Sample Transportation Procedures designed to implement those Procedures for a particular child in out-of-home care. **The use of this model form is not required.**

SAMPLE STUDENT TRANSPORTATION PLAN

Child's Name _____ Date of Birth _____ Grade _____

Name of Out-of-Home Care Placement (e.g., Smith Foster Home, XYZ Group Home)

Address of Placement _____

Out-of-Home Care Provider Name (e.g., name of foster parent(s) or group home manager)

Phone Number _____

E-Mail Address _____

Child Welfare Agency _____

Education Point of Contact _____

Phone Number _____

E-Mail Address _____

Child's Case Worker _____

Phone Number _____

E-Mail Address _____

LEA (Resident School District)

Foster Care Point of Contact _____

Phone Number _____

E-Mail Address _____

School Contact Person _____

Title _____

Phone Number _____

E-Mail Address _____

LEA (District of School of Origin)

Foster Care Point of Contact _____

Phone Number _____

E-Mail Address _____

School Contact Person _____

Title _____

Phone Number _____

E-Mail Address _____

