

# **Appendix**

## **Forms**

**West Chester Area School District  
Transportation Department  
Operational Audit Checklist**

Respond to all questions by circling Yes or No

Contractor - On-Site Visit

Date of Audit: \_\_\_\_\_

Contractor Name and Location: \_\_\_\_\_

**Choose a random selection of buses (no less than 5) and answer the following questions.**

- |   |     |    |
|---|-----|----|
| 1 Were the ignition keys to the vehicle located in the lock box?                          | Yes | No |
| 2 Was a pre-trip inspection performed on the vehicle? ( lights, tire, leaks, etc)         | Yes | No |
| 3 Is the vehicle in conformance with the required safety policy and procedures?           | Yes | No |
| 4 Is the vehicle properly inspected?  | Yes | No |
| 5 Is there a valid registration and Insurance card on the bus?                            | Yes | No |
| 6 Do maintenance records for vehicle indicate that proper maintenance has been performed? | Yes | No |
| 7 Is there a student listing present on the vehicle?                                      | Yes | No |
| 8 Is the driver message system being utilized?  | Yes | No |
| 9 Is the radio/phone in proper working condition?   | Yes | No |
| 10 Is the on-bus information record keeping procedures being utilized properly?           | Yes | No |
| 11 Does the contractor carry the appropriate levels of valid insurance?( check policies)  | Yes | No |
| Comprehensive General Liability - \$1,000,000   |     |    |
| Automobile General Liability - \$1,000,000  |     |    |

**Choose a random selection of drivers ( no less than 10) and check the personnel records for the following.**

- |   |     |    |
|---|-----|----|
| 12 Does the driver have a valid PA drivers license?                       | Yes | No |
| 13 Does the driver have a valid PA School Bus Endorsement card?           | Yes | No |
| 14 Does the driver's file contain act 34 and 151 clearances?              | Yes | No |
| 15 Does the driver have a valid Physician's certificate?                  | Yes | No |
| 16 Does the Driver have a valid CDL?                                      | Yes | No |
| 17 Is the Driver trained in the emergency response plan?                  | Yes | No |
| Is a copy of this plan on the bus?  | Yes | No |
| Is there an established communications plan in the event of an emergency? | Yes | No |
| Are all personnel trained in this communications plan?                    | Yes | No |

**A No response requires an explanation by the reviewer:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A No response requires corrective action and a follow-up review. Describe the corrective action taken (if required); use back of form if additional space is needed:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date corrective action taken: \_\_\_\_\_ Date of follow-up review: \_\_\_\_\_

Reviewer's Signature/Title: \_\_\_\_\_

Respond to all questions by circling Yes or No

Individual School Audit

Date of Audit: \_\_\_\_\_

School Location: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1) Are the established traffic patterns safe?   | Yes | No |
| 2) Are bus loading/unloading zone conforming to the established safe traffic patterns?      | Yes | No |
| 3) Are buses following specified arrival/departure times?                                   | Yes | No |
| 4) Did the driver observe the posted speed limit?   | Yes | No |
| 5) Did the driver conform with the District policies/procedures while on District property? | Yes | No |

A No response requires an explanation by the reviewer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A No response requires corrective action and a follow-up review. Describe the corrective action taken (if required); use back of form if additional space is needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date corrective action taken: \_\_\_\_\_ Date of follow-up review: \_\_\_\_\_

Reviewer's Signature/Title: \_\_\_\_\_

**West Chester Area School District  
Transportation Department  
Operational Audit Checklist**

Respond to all questions by circling Yes or No

**In-Route Observation**

Date of Observation: \_\_\_\_\_

Route # or Bus # Observed: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1) Is the driver stopping at all District assigned bus stops?                 | Yes | No |
| 2) Is the driver operating the vehicle in a safe manner?                      | Yes | No |
| 3) Is the driver using the school bus lights properly?                        | Yes | No |
| 4) Is the driver enforcing appropriate student behavior while on the vehicle? | Yes | No |

**A No response requires an explanation by the reviewer:**

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Date corrective action taken: \_\_\_\_\_ Date of follow-up review: \_\_\_\_\_

Reviewer's Signature/Title: \_\_\_\_\_

**West Chester Area School District  
Transportation Department  
Operational Audit Checklist**

Respond to all questions by circling Yes or No

Contractor - On-Site Visit

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Contractor Name and Location: \_\_\_\_\_

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|--|-----|----|
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| 3 Is the vehicle in conformance with the required safety policy and procedures?          | Yes | No |
| 4 Is the vehicle properly inspected?   | Yes | No |
| 5 Is there a valid registration and Insurance card on the bus?                           | Yes | No |
| 6 Do maintenance records for vehicle indicate that proper maintenance has been performed | Yes | No |
| 7 Is there a student listing present on the vehicle?                                     | Yes | No |
| 8 Is the driver message system being utilized?   | Yes | No |
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| Comprehensive General Liability - \$1,000,000  |     |    |
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 \_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date corrective action taken: \_\_\_\_\_ Date of follow-up review: \_\_\_\_\_

Reviewer's Signature/Title: \_\_\_\_\_

# BUS STOP REQUEST FOR DAY CARE PROVIDER

**\*TRANSPORTATION FILLS IN\***

## STUDENT(S) INFORMATION

DATE \_\_\_\_\_

CHILD/CHILDREN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

GRADE(S): \_\_\_\_\_

### **PLEASE INDICATE WHETHER REQUEST IS FOR:**

- AM PICKUP
- KA DROP
- KP PICKUP
- PM DROP
- BOTH WAYS

## DAY CARE PROVIDER INFORMATION

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER OF PROVIDER: \_\_\_\_\_

## BUS INFORMATION

BUS # \_\_\_\_\_

BUS STOP \_\_\_\_\_

AM TIME: \_\_\_\_\_

KA DROP: \_\_\_\_\_

KP PICKUP: \_\_\_\_\_

PM TIME: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

**PLEASE NOTE: This request is for the current school year only and MUST be renewed each year.**

## Bus Stop Change Request Form

Please complete the following with as much detail as possible:

Date: \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: home \_\_\_\_\_ work \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

School: \_\_\_\_\_ Bus # \_\_\_\_\_

Assigned Bus Stop: \_\_\_\_\_

**Please use the space below to provide necessary information concerning the bus stop you wish to change to and the reason why or please fax us a letter at 610-692-8857:**

TRANSPORTATION COMPLAINT FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

TELEPHONE NUMBER: H- \_\_\_\_\_ W- \_\_\_\_\_

STUDENT(S) NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ BUS #: \_\_\_\_\_

COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
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CALL TAKEN BY: \_\_\_\_\_



# WEST CHESTER AREA SCHOOL DISTRICT

## **BUS LOG**

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

<u><b>BUS #</b></u>	<u><b>A.M. ARRIVAL TIME</b></u>	<u><b>P.M. ARRIVAL AT school</b></u>	<u><b>P.M. DEPARTURE FROM school</b></u>	<u><b>COMMENTS</b></u>

WEST CHESTER AREA SCHOOL DISTRICT  
829 Paoli Pike  
West Chester, PA 19380  
610-436-7000

**504 Request Parent Cover Letter**

Date:

Dear:

The Transportation Department has received your request for a change in bus transportation or special transportation arrangements for your child. In response to your request for a Special Service Arrangement for your child, \_\_\_\_\_, I have enclosed the form: ***Parent Request for Evaluation and Provision of Services for Protected Handicapped Student.***

Pennsylvania Regulations at 22 Pa. Code §15.6 indicate that a parent's request for an evaluation and provision of services under this chapter, which complies with the requirements of §504 of the Rehabilitation Act of 1973, must be in writing and contain specific information.

Please complete and sign this form and then forward it to the building principal of your public home school. I have also enclosed a copy of *Procedural Safeguards* which outlines student and parent rights in these matters. You will receive a written response from a district representative within 25 school days of the administrator's receipt of this form indicating whether your request, or a portion of your request, is being granted. In addition, prior to that time you will receive a request from the Child Study Team/Instructional Support Team to attend a meeting to help determine if your child qualifies for a Service Agreement.

Please call me at 610-436-7120 if you have any questions or concerns regarding this matter.

Very truly yours,

504 Coordinator for Transportation

**WEST CHESTER AREA SCHOOL DISTRICT**

**Parent Request for Evaluation and Provision of Services for Protected Handicapped Student**

To: \_\_\_\_\_  
Building Principal/District 504 Coordinator

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Parents

I believe my child, \_\_\_\_\_, presently a \_\_\_\_\_ grade student at \_\_\_\_\_ should be evaluated and identified as a protected handicapped student and that aids, services, or accommodations should be provided accordingly. My reasons for believing this are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that the specific aids, services, or accommodations that should be provided are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of additional relevant medical and/or psychological/psychiatric records (is) (is not) enclosed. This should include:

- 
- a) Diagnosis
  - b) Who made the diagnosis
  - c) Basis for the diagnosis
  - d) Any tests that were used for the diagnosis

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Signature of Parent(s)

Date

## SECTION 504 PROCEDURAL SAFEGUARDS

School: \_\_\_\_\_

Date: \_\_\_\_\_

The following is a description of student and parent rights granted by federal law. The intent of the law is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of these decisions.

### **YOU HAVE THE RIGHT TO:**

1. Have your child take part in, and receive benefits from public education programs without discrimination based on a disability.
2. Have the school district advise you as to your rights under federal law.
3. Receive written notice with respect to identification, evaluation, or placement of your child.
4. Have your child receive a free appropriate public education. This includes the right to be educated with other students without disabilities to the maximum extent appropriate. It also includes the right to have the district make reasonable accommodations to allow your child an equal opportunity to participate in school and school-related activities.
5. Have your child educated in facilities and receive services comparable to those provided to students without disabilities.
6. Have your child receive accommodations under Section 504 of the Rehabilitation Act of 1973.
7. Have evaluation, educational, and placement decisions made based upon a variety of information sources, and by individuals who know your child, the evaluation data, and placement options.
8. Have transportation provided to a school placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the school district.
9. Give your child an equal opportunity to participate in non-academic and extracurricular activities offered by the school district.
10. Examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program, and placement.
11. Obtain copies of educational records at a reasonable cost if the fee would effectively deny you access to the records.
12. Receive a response from the school district to reasonable requests for explanations and interpretations of your child's records.
13. Request an amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the school district refuses this request, it will notify you within a reasonable period of time, and advise you of the right to a hearing.

14. Request mediation or an impartial due process hearing related to decisions regarding your child's identification, evaluation, educational program, or placement. You and your child may take part in the hearing and have an attorney represent you.
15. Ask for payment of reasonable attorney fees if you are successful in your claim.

File a local grievance or complaint to the Office of Civil Rights, U.S. Department of Education, Wanamaker Building, Suite 505, 100 Penn Square East, Philadelphia, PA 19107, (215) 656-6010, TDD (215)656-8604, Fax (215) 656-6020.

**16. Sources for you to contact for additional assistance in understanding your rights:**

Educational Law Center of PA  
801 Arch Street  
Suite 610  
Philadelphia, PA 19107  
215-238-6970

Pennsylvania Bar Association  
Box 186  
Harrisburg, PA 17108  
800-932-0311

The Chester County Right to Education Task Force  
C/o Chester County Intermediate Unit  
535 James Hance Court  
Exton, PA 19341  
610-524-5048

U.S. Department of Education  
Office for Civil Rights  
Wanamaker Building  
Suite 505  
100 Penn Square East  
Philadelphia, PA 19107  
(215) 656-6010  
TDD (215)656-8604  
Fax (215) 656-6020.

The person who is responsible for Section 504 compliance at the School District is:

Director of Pupil Services and Special Education

**Telephone Number** 610-436-7121

WEST CHESTER AREA SCHOOL DISTRICT

SECTION 504  
TRANSPORTATION DEPARTMENT INITIATED REFERRAL

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Home School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ School Attending: \_\_\_\_\_

Bus # & Stop: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred by: \_\_\_\_\_ Position: \_\_\_\_\_

1. Reason for referral: \_\_\_\_\_

\_\_\_\_\_

2. Accommodations and interventions attempted (attach appropriate documentation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Section 504 Transportation Coordinator**  
(Forward to Principal for completion)

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY PRINCIPAL:**

3. Has the student ever been referred, evaluated, and/or received services from special education?  
\_\_\_ YES \_\_\_ NO If yes, explain: \_\_\_\_\_

\_\_\_\_\_

4. Referral action: (please check)

- 504 Service Granted (service agreement attached)
- Child did NOT qualify for 504 services

\_\_\_\_\_  
**Building Principal Signature**

\_\_\_\_\_  
**Date**