**** Rock/Walworth Comprehensive Family Services, Inc.**

*Head Start/Early Head start*

1221 Henry Avenue, Beloit WI 53511(608) 299-1500 • Fax: (608) 299-1629

***BUS TRANSPORTATION TRANSITION INDIVIDUAL SERVICE PLAN***

**Class Code**: **Child’s Name**:

**Staff Member Requesting the Transition**:**Title:**

(Must be approved by RSTL and TMTL)

**Justification for exception:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Complete the Following:** = N/A (Check if not needed)

Copy of Fact Sheet Received by Accepting Bus Monitor Picture Received by Accepting Bus Monitor

Child’s Name & Class Code Added to Bus Attendance Sheet

**Transition Plan** (Pick up route): = N/A (Check if not needed)

Child will ride\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ bus route and transition to the\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_ classroom.

(Class Code) (Class Code)

**Transition Plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Transition Plan** (drop off route): = N/A (Check if not needed)

Child will transition from \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ classroom to the\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_bus.

(Class Code) (Class Code)

**Transition plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Parent Signature Date |  | FRW Signature CC Date |
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| Parent Signature Date |  | RSTL Signature CC Date |
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| Lead Teacher Signature CC Date |  | Lead Teacher Signature CC Date |
|  |  |  |
| Bus Monitor Signature CC Date |  | Bus Monitor Signature CC Date |
|  |  |  |
| Bus Driver Signature CC Date |  | Bus Driver Signature CC Date |
|  |  |  |
| Other/Who Signature CC Date |  | Other/(and title) Signature CC Date |

**(6/11)**