

Student Demographics		
Student Legal Last Name:		Student First Name:
Parent Name:		Parent Phone Number:
School Name:	School Phone:	Administrator:
Bus Company:	Bus Driver:	Date (YYYY/MM/DD):
Safety Goals		
<input type="checkbox"/> Enter/exit bus safely	<input type="checkbox"/> Treat others with respect	<input type="checkbox"/> Respect for bus/ cleanliness
<input type="checkbox"/> Sitting safely	<input type="checkbox"/> Respect personal space & property	<input type="checkbox"/> Use respectful language
<input type="checkbox"/> Exercise volume and noise control	<input type="checkbox"/> Follow adult direction/ instructions	
<input type="checkbox"/> Other. Specify: _____		
Strategies		
Proactive	<i>Include encouraging phrases, transition objects, seating arrangements and bus activities.</i>	
Supportive Intervention	<i>Include signs of student distress and appropriate/safe options for responding to and supporting student.</i>	
Crisis Management	<i>Identify a response plan if a student is in distress or is acting unsafe to self or others.</i>	

Student/Parent Signature

Administrator Signature

Driver Signature