



Pickaway County Board of DD
Brooks-Yates School
1005 South Pickaway Street
Circleville, Ohio 43113
740-474-1124

Day Program Transportation

Child's Name: _____ Date of Enrollment: _____

Nickname: _____ DOB: _____

Primary mode of communication: _____

Mode of Ambulation: _____

Adaptive equipment to be transported: _____

Seizures: Yes or No Description of seizures: _____

Pertinent medical information: _____

Behaviors: _____

Suggested calming activities: _____

Comments: _____

Signature of person completing form Role:(Parent/Teacher/SSA/etc.) Date

Bus Driver Date