



**PERSONALIZED ACCESSIBILITY PLAN
 FOR STUDENTS WITH A SPECIAL NEED**

Student ID: _____

School: _____

Program: _____

Disability/Medical Condition: _____

Needs: _____

ROLE OF

| | | | | |
|--------------------|--|--|--|--|
| Board/Staff | | | | |
| «Specialist» | | | | |
| «Specialist» | | | | |

Communication:

Consultation with Operator

Consultation with School/Board

Name Date

Name Date

Consultation with Parent/Guardian

Consultation with Student

Name Date

Name Date

Routine: «AM Transportation»
 «Noon Transportation»
 «PM Transportation»

Follow up: Annual Review with School Board Special Needs Officials in May

*The personal information you have provided on this form and any other correspondence relating to transportation is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the **General Manager of the RCJTC, 999 Cecelia St., Pembroke, 613-732-8419.***