



Trial Ride Recommendation

F 7-110

Student's Name: _____

Student's School: _____

Grade: _____

Please refer to the previously completed SETT forms to make informed recommendations while filling out the sections below.

Tasks Recommendations:
Tools or Supports Recommended:
Schedule of Plan (e.g. practice rides during school hours, two-week trial period PM only; one-week trial period AM & PM, etc.):
Additional Comments:

School-based Inclusive Education Team representative signature

Director of Student Services signature

Director of Transportation signature

*This plan must be approved by all three departments prior to implementation. Upon approval, the appropriate transportation registration forms must be completed and submitted to the transportation department prior to the first bus ride.