NSW Department of Education
Assisted School Travel Program

Student travel support needs – change request

This form is used to request changes to the level of support to be provided to a student currently accessing Assisted School Travel Program services following a re-assessment of the student's abilities and circumstances.

IMPORTANT: Before completing this form, please read our change request process and general information relating to safe travel on the ASTP website.

Additional information can be attached to this form to support the change requested. Email the completed form and all supporting documents to schools.astp@det.nsw.edu.au.

Personal information

First name: _____ Last name: _____

Student ID (if known): _____ Run number: _____

School name: _____

Contact person: _____ Position title: _____

School email: _____ School phone: _____

Requested changes

The student requires the following supports/changes during **travel to and from school**:

ASSISTED TRAVEL SUPPORT OFFICER

ADD: ☐ Behaviour support. Next review date: _____ *(Maximum 12 months from date of approval)*

ADD: ☐ Healthcare support. Next review date: _____ *(Maximum 12 months from date of approval)*

REMOVE: ☐ Behaviour support. Date: _____ Reason: _____

REMOVE: ☐ Healthcare support. Date: _____ Reason: _____

IMPORTANT: All requests for an increased level of support for student's behaviour and/or health care needs during transit must be accompanied by a transport specific Student Behaviour Support Plan and/or Individual Heath Care Plan as applicable. It is the principal's responsibility to provide a copy of these plans and to arrange appropriate advice, support and training/briefing for the driver and/or Assisted Travel Support Officer.

WHEELCHAIR / WALKING FRAME

Make: _____ Model: _____ ☐ Folds for transport ☐ Requires additional space

ADD: The student must **travel to and from school**

☐ in a ***wheelchair***

The wheelchair has: ☐ Rigid backrest to shoulder height ☐ Transport tie downs ☐ Headrest

NOTE: If a hard tray attached to their wheelchair it must be removed, secured and transported separately.

☐ in a regular seat and requires their ***wheelchair to travel with them***

☐ in a regular seat and requires their ***walking frame to travel with them***

REMOVE: _____ (date). Reason: _____

SUPPORTIVE EQUIPMENT

Child car seat / booster:

ADD: ☐ Make: _____ Model: _____ ☐ Requires anchor point

The car seat or booster must be supplied by the parent/carer. If the car seat including occupant has an overall mass greater than 27kg. It must be installed by an authorised child restraint fitting station.

REMOVE: _____ *(date)*. Reason: _____

NOTE: The fitter's receipt must be carried in the vehicle at all times.

Belt buckle cover:

ADD: ☐

REMOVE: _____ *(date)*. Reason: _____

Prescribed harness:

ADD: ☐

REMOVE: _____ *(date)*. Reason: _____

A reinforced anchor point is required if the student weights in excess of 32 kg. This must be fitted by an authorised child restraint fitting station and the fitter's receipt carried in the vehicle at all times.

IMPORTANT: All change requests for belt buckle covers and prescribed harnesses must be referenced in an updated support plan and accompanied by a doctor's letter supporting this requirement. A copy of this letter must be carried in the vehicle at all times.

CHANGE OF RUN OR SPACE REQUIREMENTS

Proposed change of run *(Please provide details including any compatibility concerns with other students)*

Reason: _____

Additional space in the vehicle *(As per the student's risk assessment or behaviour support plan)*

Exact amount of space required: _____

Other, please specify: _____

Certification by the Principal

- ☐ I understand that if the change request is for either equipment or ATSO support that these changes have to be put in place and approved by ASTP before the student can travel. I will explain this requirement to the student's parents or carers.
- ☐ I have attached the Student Behaviour Support Plan and/or Individual Heath Care Plan and/or Emergency Care/Response Plan as needed.
- ☐ I understand if the change request is for an Assisted Travel Support Officer (ATSO), that the ATSO has to be engaged, briefed and trained as necessary before the student starts on transport. I will explain this requirement to the student's parents or carers.
- ☐ I will arrange to provide information to the driver and/or ATSO in order to support the needs of this student on transport.
- ☐ I understand that if the risk mitigation controls and strategies are not working for a student that transport may suspended until alternative measures can be put in place.

Signature: _____ Date: _____

Principal's first name: _____ Last name: _____