

**ASSISTED SCHOOL TRAVEL PROGRAM
STUDENT TRAVEL SUPPORT NEEDS - CHANGE REQUEST**

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

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|---------------------------------------|--|---|--|
| School: | | | |
| School Phone | | School Email | |
| Contact Person | | | |
| Student | | Run Number | |
| REASONS FOR CHANGE REQUEST (✓) | | | |
| <input type="checkbox"/> | Level of travel support revised – Refer to the document Assessment of Travel Support Needs – Guide for Schools | Current assessed level of need: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Revised level of need: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> | Support of the student's behaviour during transit | | |
| <input type="checkbox"/> | Support of the student's health care needs during transit | | |
| <input type="checkbox"/> | Other (Please provide details) | | |
| CHANGE REQUIRED (✓) | | | |
| <input type="checkbox"/> | Access to a Travel Training Program The student has been re-assessed at Level 1 – Capable of Independent Travel | | |
| <input type="checkbox"/> | Engagement of an Assisted Travel Support Officer for _____ Weeks . Next Review Date: _____ (maximum of 12 months from date of approval) Important: All requests for an increased level of support for student's behaviour and/or health care needs during transit must be supported by a Student Behaviour Support Plan and/or Individual Health Care Plan as applicable. It is the principal's responsibility to provide a copy of these plans and to arrange appropriate advice and support for the driver and/or Assisted Travel Support Officer. | | |
| <input type="checkbox"/> | The Assisted Travel Support Officer will be required to administer medication as per the <i>Individual Health Care/Emergency Care Response Plan</i> during transit Important: It is the Principal's responsibility to arrange appropriate training for the Assisted Travel Support Officer in consultation with the family and relevant health care professionals. Under no circumstances are Assisted Travel Support Officers to administer medication unless successfully trained. | | |
| <input type="checkbox"/> | An Assisted Travel Support Officer is required to travel with the student on Transport for NSW's public transport, School Student Transport Scheme (SSTS) or on a walking route to and/or from school | | |
| <input type="checkbox"/> | The student must travel to and from school in a wheelchair The wheelchair is: <input type="checkbox"/> MANUAL <input type="checkbox"/> POWER DRIVE <input type="checkbox"/> FOLDING Manufacturer and Model: | | |
| <input type="checkbox"/> | Belt Buckle Cover is required to ensure the student remains seated during transit. A doctor's letter supporting this requirement must be carried in the vehicle | | |
| <input type="checkbox"/> | Prescribed Harness is required to ensure the student remains seated and is supported during transit A doctor's letter supporting this requirement must be carried in the vehicle. A reinforced anchor point is required if the student weights in excess of 32kg. This must be fitted by an authorised child restraint fitting station and the fitter's receipt carried in the vehicle at all times. | | |
| <input type="checkbox"/> | Special Purpose Car Seat is required If a special purpose car seat has an overall mass (including occupant) of more than 27kg it must be installed by an authorised child restraint fitting station and the fitter's receipt carried in the vehicle at all times. | | |
| <input type="checkbox"/> | <input type="checkbox"/> Other (Please provide details) | | |

For further information on the Travel Training Program or belt buckle covers contact the Senior Education Officer, Family, School and Service Advisor, Assisted School Travel by e-mailing schools.astp@det.nsw.edu.au

CERTIFICATION BY THE PRINCIPAL

- I have attached *Student Behaviour Support Plan* and/or *Individual Health Care Plan* and/or *Emergency Care/Response Plan*
- I understand should the Change Request be to engage an Assisted Travel Support Officer, the student cannot continue to access assisted school travel until the Travel Support Officer has been engaged and trained to manage the behaviour and/or health care needs of the student during transit. I undertake to explain this requirement to the student's parents or carers.
- I will coordinate the provision of information to the driver and/or Assisted Travel Support Officer in order to support the needs of this student during transit in consultation with school personnel, the parent/ carer and appropriate health care professionals (as necessary) and I will arrange appropriate and ongoing advice and support for the driver and/or Assisted Travel Support Officer in order to assist in supporting the student's behaviour/health care needs during transit.
- I understand that should the control measures as outlined in the *Student Behaviour Support Plan* not successfully address unsafe behaviour and this behaviour potentially poses a risk to the student or other occupants in the vehicle it will be necessary to withdraw travel support services, with resumption dependent on the outcome and recommendations of a further risk assessment. I undertake to explain this requirement to the student's parents.

Principal's Name:

Signature:

Date:

Applications can be scanned and emailed to: generalenquiries.astp@det.nsw.edu.au

or posted to:

Assisted School Travel Program

Department of Education

Locked Bag 7009

Wollongong East NSW 2520

Telephone enquiries: **1300 338 278**

ASTP OFFICE USE ONLY:

TRIM:

Student ID: