|  |  |
| --- | --- |
| **SCSD Bus P.A.S.S.**  Promoting Actions for Student Success | **Student:**  **School & Grade:**  **Bus#:** |



|  |  |  |  |
| --- | --- | --- | --- |
| **Original Bus P.A.S.S. Date:** |  | **Revision Date(s):** |  |

**Reviewed by:**

Bus Driver:

School Social Worker:

Teacher:

School Psychologist:

School Administrator:

Parent:

Other(s):

**School Bus Concerns (e.g., health, behavior, other):**

What do all adults working with this student need to know about him/her to intervene effectively? (Reminder: All adults working with this student be permitted to view this document; it is NOT confidential).

**Student Interests:**

**Things that may upset the student (triggers):**

**Things that help keep the student calm (preventative strategies):**

**What to do (strategies):**

**DATE OF FIRST REVIEW*\**:**

*\*Plan should be reviewed within four to six weeks after implementation and in regular 4-6 week intervals thereafter.*

**TRANSPORTATION STAFF - SCHOOL STAFF**

**COMMUNICATION LOG**

*This communication log will be used to request ideas from school staff about helpful approaches for specific bus rider behavioral challenges, as well as to share updates on bus riding and student response to attempted strategy use.*

|  |  |
| --- | --- |
| **Date** | Student: School: Bus Route:  Transportation Staff: |
|  | **\_\_\_ Meeting Requested** |
|  | **\_\_\_ Meeting Requested** |
|  | **\_\_\_ Meeting Requested** |
|  | **\_\_\_ Meeting Requested** |