

# Guidelines for the Unattended Drop Off (UDO) Transportation Form

- 1) The IEP Team must meet and answer the following questions:
  - a. Does the student have the ability to remain safe at home alone?
  - b. Does the student truly have a need for transportation on his/her IEP?
  - c. Is there a plan on how the student will get into the house and has a backup plan been developed?
- 2) Consider the Least Restrictive Environment:
  - a. Would the student be able to maneuver a regular education bus stop with his/her peers such as a corner stop closer in proximity to his/her home?
  - b. Is a special education bus still the best option, when the student has the ability to meet the bus at the closest corner stop to his/her home?
- 3) Once the IEP Team approves/denies a UDO request, the Principal will agree/disagree and sign the form.
- 4) The completed UDO form is to be sent to the Special Education Coordinator for your building. The Special Education Coordinator has final approval on a UDO. When the Special Education Coordinator approves/denies the UDO, it is submitted to transportation. The form can be faxed to 973-2257 or emailed to [kkastens@usd259.net](mailto:kkastens@usd259.net)
- 5) The Transportation Department will add "UDO" to the student's stop on the bus run sheet. Nothing further is needed.
- 6) Points to remember:
  - a. UDOS should not be suggested by the school. If there is a situation in which a student is not being met by a parent or guardian, we need to work with the family and help facilitate the student being met.
  - b. If a UDO is approved, the student becomes a drop and go. The driver will not wait to see an adult once the child exits the bus.
  - c. UDOS carry over from year to year. If at any time the student's needs change or the UDO is not successful or a UDO is no longer desired, the IEP Team will meet and the UDO will be revoked.
- 7) If you have questions about problem solving and/or the availability of regular and special education bus stops for your school, you may call or email Kristia Kastens. Email is [kkastens@usd259.net](mailto:kkastens@usd259.net) and phone is 973-2193.

# Unattended Drop Off (UDO) TRANSPORTATION FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I/We parent/guardian of \_\_\_\_\_ request that the IEP Team review the need and approval of a UDO. I understand that I am entrusting my child with a significant responsibility. I believe that my child is able to care for him/herself without adult supervision for extended periods of time.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The IEP Team has met and is requesting the following:

No UDO

Justification:

Regular Education bus with a stop within \_\_\_\_ block(s) of the transportation address

Special Education bus with a stop at nearest corner from the transportation address

Curb to curb

Justification:

Revoked

Justification:

IEP Team Representative \_\_\_\_\_ Date: \_\_\_\_\_

Principal \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

Transportation \_\_\_\_\_ Date: \_\_\_\_\_