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NORTHEASTERN CATHOLIC DISTRICT SCHOOL BOARD

“YOU ARE THE LIGHT OF THE WORLD!”

Criteria for Requesting School Bus Harness (to be completed by Principal)

Please ensure all areas at the top of this form are completed prior to making a request to Special Education to have a child placed in a harness for transportation on the school bus. A copy of this form must be submitted when you make the request. Thank you for your cooperation.

Student Name: _____ D.O.B.: _____

School: _____ Grade: _____

Date(s) and Concern(s) of Bus Reports:

Diagnosis (Developmental Delay, Autism, Behaviour, or evidence of significant challenges):

Date: _____ Professional: _____

OR

Recommendation by Therapist (Occupational, Physio, etc.):

Date: _____ Therapist: _____

Recommendations: _____

Seating Plan on Bus: Yes _____ No _____

Intervention on Bus: _____

Parent Signature

Principal Signature

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Consultation with Superintendent: yes no Date: _____

Harness Implemented: yes no Date: _____