SPECIAL NEEDS SEATING CHART

FOR BUS EVACUATION AND DAILY ATTENDANCE

Driver: _____ **Attendant:** _____

Bus Number: _____ **School:** _____ **Date:** _____

Front Lift **-or-** **Rear Lift** **Number of wheelchairs:** _____

			FRONT			
			⇧			
			A			
			I			
			S			
			L			
			E			
			⇩			
			BACK			

Exit Order	Name/Seat Number	Special Instructions (Handling, behavior, communication, etc.)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____