Special Needs Transportation (SNT) Services Quality Assurance Checklist			
Review Period: 2025-2026		**Date:**	
Student:		**Medicaid #:**	
District:		**Reviewer:**	
Bus Driver:			
NOTE: RECORDS SHOULD BE MAINTAINED BY YEAR AND QUARTER			
SNT LOGS – DISTRICTS DOCUMENTATION		**MET**	**COMMENTS/RECOMMENDATIONS**
1.1	Does the student's IEP/IFSP/ITP/IPOC include special needs transportation?		
1.2	Are copies of all SNT logs (hardcopy or electronic) available at the time of the review?		
1.3	Is the standard SCDE SNT log utilized or has SCDE approved the use of another SNT log template for the current school year?		
1.4	Do the SNT logs include the following information? 1-10 below must be on all logs. 1. District name 2. District address 3. District phone number 4. Date 5. Driver's name 6. State Bus Number 7. District Bus Number/Route Number 8. License Tag 9. Passenger name 10. Driver Signature		
1.5	Are the documentation and error corrections made in accordance with the LEA Provider Manual guidelines for correcting legal documents (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction)?		
SNT STAFF MONITORING		**MET**	**COMMENTS/RECOMMENDATIONS**
2.1	Is the driver certified through SCDE transportation?		

	Note: Please submit driver's certificate for the year in review.		
2.2	Has the bus driver(s) received SNT training specific to SNT log completion? Note: Submit the dated and signed driver attestation form for SNT log completion training.		