

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**Transportation Determination**

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

Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

Case Status: \_\_\_\_\_

Describe transportation needs and available supports:

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Proposed Transportation Options:

Option	Transportation Type	Miles/Trips	Funding Payment	Total
1			\$	\$
2			\$	\$
3			\$	\$

Selected Transportation Option:

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Are services requiring transportation assistance/bus pass included on an IPE, ILP, or Trial Work Plan? ☐ Yes ☐ No

Comments:

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Counselor Signature/Date

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Supervisor Signature/Date