



# Foster Care Education

## Foster Care Transportation Arbitration Process Reference Form

The purpose of this transportation arbitration process is designed to provide an avenue for either a local educational agency (LEA) or the Department of Child Safety (DCS) to dispute the transportation plan to the school of origin for children in foster care once all available troubleshooting options have been exhausted. The arbitration process was codified in [Arizona Revised Statute \(ARS\) 8-530.05](#) to support the efforts of LEAs & DCS to implement federal legislation requirements pertaining to the school stability of children in foster care.

Preview the Foster Care Transportation Arbitration Process Reference Form below to ensure that the arbitration initiator has all the information required for a timely resolution prior to officially submitting an arbitration request.

**Date:**

### Arbitration Initiator

- Name:
- Organization:
- Title:
- Please confirm that all transportation troubleshooting options were utilized, before initiating arbitration, by checking each box below:
  - Review the foster care school stability assurances in The Every Student Succeeds Act & the ARS 8-530.04 education placement legislation.
  - Implement the Foster Care Transportation Procedure to determine cost-effective and prompt transportation options.
  - Escalation and communication of concerns to pertinent stakeholders within the LEA (i.e., Foster Care Point of Contact, communication to the Foster Care Point of Contact's supervisor, federal programs contact, etc.).
  - Escalation and communication of concerns to the Arizona Department of Education (i.e., ADE Foster Care Point of Contact, emailing the FosterCare@azed.gov inbox, etc.).
  - Escalation and communication of concerns to the Department of Child Safety (i.e., DCS Specialist's supervisor, DCS Regional Point of Contact, emailing the EducationPOC@azdcs.gov inbox, etc.).

### Local Education Agency

- School Name:
- LEA Name:

- LEA Foster Care Point of Contact Name:
- LEA Foster Care Point of Contact Email:

### **Department of Child Safety**

- DCS Representative Name:
- DCS Representative Title:
- DCS Representative Email:

### **Student's Information**

- Student's Name:
- Student's Date of Birth:
- Student's State Student ID (SSID):
- Does the student have an Individualized Education Program (IEP) through Exceptional Student Services (sometimes referred to as special education)?
  - Yes
  - No
  - Unknown
- Does the IEP have transportation as a related service?
  - Yes
  - No
  - Student does not have an IEP
  - Unknown
- Is the student placed at an approved private placement or Level D placement through Exceptional Student Services?
  - Yes
  - No
  - Student does not have an IEP
  - Unknown

### **Foster Care Living Arrangement**

- The student's current foster care placement type:
  - Kinship Placement
  - Foster Family Placement
  - Congregate Care (i.e. foster group home, shelter care, etc.)
  - Independent Living
  - DCS Transitional Housing

### **Current Transportation Plan**

- Indicate the number of miles from the foster care living arrangement address to the student's school address:
- Detail the nature of the current transportation plan for the student in foster care to their school:

**Reason for Arbitration**

- Describe the barriers to executing the current transportation plan:
- Explain what has been done thus far to address the identified barriers, including steps that have been undertaken to ensure that the transportation be cost-effective and prompt: