



# SCHOOL BUS DRIVERS TRAINING REPORT

Bureau of Driver Licensing • P.O. Box 68684 • Harrisburg, PA 17106-8684

Driver's Name: \_\_\_\_\_ Driver's License # : \_\_\_\_\_

Driver's E-mail: \_\_\_\_\_

INTERMEDIATE UNIT

SCHOOL DISTRICT/CONTRACTOR

**Recertification Classroom Waiver** \*Only applicable if instructor has taught recertification classroom during recertification year.

Active Instructor #: \_\_\_\_\_ Date Instructor Taught Recertification Class: \_\_\_\_\_

<b>CLASSROOM TRAINING</b>				<b>* NEW DRIVER CERTIFICATION REQUIRES A MINIMUM OF 14 HOURS</b>		<b>* RECERTIFICATION REQUIRES A MINIMUM OF 7 HOURS</b>	
<b>TOPICS: (All Topics Must Be Covered)</b>							
<input type="checkbox"/> Introduction				<input type="checkbox"/> Fundamentals of Driving a School Bus			
<input type="checkbox"/> SBD: Role, Responsibilities and Requirements				<input type="checkbox"/> Crash and Emergency Procedures			
<input type="checkbox"/> Student Management and Discipline				<input type="checkbox"/> Student Emergencies			
<input type="checkbox"/> Student Loading and Unloading				<input type="checkbox"/> Parked Bus			
<input type="checkbox"/> Transportation of Students with Disabilities				<input type="checkbox"/> Commercial Driver License			
<input type="checkbox"/> Preventative Maintenance				<input type="checkbox"/> Entry Level Driver Training			
<input type="checkbox"/> Safe Driving				<input type="checkbox"/> Summary and Post/ELDT Test			
TRAINING DATE	INSTRUCTOR NUMBER	TRAINING START TIME	TRAINING END TIME	BREAK TIME (List all Break Times)	TOTAL CLASSROOM HOURS PER DATE	TOTAL VIRTUAL CLASSROOM HOURS PER DATE	

If more than one instructor taught this course, please list names and instructor numbers for all additional instructors involved in this training session:

Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_ Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_

Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_ Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_

**I Attest That I Have Completed \_\_\_\_\_ Hours of Classroom/Virtual Training.**

The signatories below hereby certify under penalty of law that the information contained herein is true and correct. **WARNING: Falsification to authorities is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to one year (18 Pa. C.S. Section 4904(b)).**

DRIVER'S PRINTED NAME \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTOR'S PRINTED NAME \_\_\_\_\_ INSTRUCTOR'S SIGNATURE \_\_\_\_\_ ID NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**The Instructors who conducted the evaluation are Department-Certified Instructors.**

INSTRUCTOR COORDINATOR'S PRINTED NAME \_\_\_\_\_ INSTRUCTOR COORDINATOR'S SIGNATURE \_\_\_\_\_ INSTRUCTOR COORDINATOR'S NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**In-Bus Training Continued on Reverse Side**

Driver's Name: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_  
 OR  
 Driver's License: \_\_\_\_\_ Recertification Expiration Date: \_\_\_\_\_  
 I qualify for the Waiver of 2 hours of in-bus training. I participated in a School Bus Safety Competition comparable to the PA State Safety Competition. A copy of my Certificate of Participation is attached.

<b>ONE-ON-ONE IN-BUS TRAINING</b>	<b>ALL TOPICS MUST BE COVERED!</b> * NEW DRIVER CERTIFICATION REQUIRES A MINIMUM OF 6 HOURS *RECERTIFICATION REQUIRES A MINIMUM OF 3 HOURS
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- TOPICS:** (All Topics Must Be Covered)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pre-Trip Inspection Procedures<br><input type="checkbox"/> On Road Checks<br><input type="checkbox"/> Entering the Flow of Traffic<br><input type="checkbox"/> Intersections<br><input type="checkbox"/> Changing Lanes<br><input type="checkbox"/> Being Overtaken and Passed<br><input type="checkbox"/> Overtaking and Passing<br><input type="checkbox"/> Downgrades<br><input type="checkbox"/> Proper Braking | <input type="checkbox"/> Using Escape Ramps/Routes<br><input type="checkbox"/> Speed and Traffic Flow<br><input type="checkbox"/> Safety Equipment Checks<br><input type="checkbox"/> Shifting Gears<br><input type="checkbox"/> Steering and Turning<br><input type="checkbox"/> Safe Backing/Tail Swing<br><input type="checkbox"/> Making a Turn-Around<br><input type="checkbox"/> Stopping<br><input type="checkbox"/> Checking Overhead Clearance | <input type="checkbox"/> Railroad Crossing<br>circle one: Actual or Simulated<br><input type="checkbox"/> Student Loading/Unloading<br>circle one: Actual or Simulated<br><input type="checkbox"/> Environmental Conditions<br><input type="checkbox"/> Danger Zones and Use of Mirrors<br><input type="checkbox"/> Crash and Emergency/Evacuation Procedures<br><input type="checkbox"/> Post-Trip Inspection Procedures |
|--|---|---|

TRAINING DATE	INSTRUCTOR NUMBER	TRAINING START TIME	TRAINING END TIME	BREAK TIME (List all Break Times)	TOTAL IN-BUS HOURS PER DATE

If more than one instructor taught this course, please list names and instructor numbers for all additional instructors involved in this training session:

Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_ Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_ Name: \_\_\_\_\_ Instructor #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I Attest That I Have Completed \_\_\_\_\_ Hours of In-Bus Training.**

The signatories below hereby certify under penalty of law that the information contained herein is true and correct. **WARNING: Falsification to authorities is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to one year (18 Pa. C.S. Section 4904(b)).**

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INSTRUCTOR'S PRINTED NAME \_\_\_\_\_ INSTRUCTOR'S SIGNATURE \_\_\_\_\_ ID NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**The Instructors who conducted the evaluation are Department-Certified Instructors.**

INSTRUCTOR COORDINATOR'S PRINTED NAME \_\_\_\_\_ INSTRUCTOR COORDINATOR'S SIGNATURE \_\_\_\_\_ INSTRUCTOR COORDINATOR'S NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_