

Driver's Name: _____ Permit Expiration Date: _____
 Driver's License: _____ OR
 Recertification Expiration Date: _____

ONE-ON-ONE IN-BUS TRAINING

ALL TOPICS MUST BE COVERED!
 * NEW DRIVER CERTIFICATION REQUIRES A MINIMUM OF 6 HOURS
 *RECERTIFICATION REQUIRES A MINIMUM OF 3 HOURS

TOPICS: (All Topics Must Be Covered)

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|---|--|---|
| <input type="checkbox"/> Pre-Trip Inspection Procedures | <input type="checkbox"/> Using Escape Ramps/Routes | <input type="checkbox"/> Railroad Crossing circle one: Actual or Simulated |
| <input type="checkbox"/> On Road Checks | <input type="checkbox"/> Speed and Traffic Flow | <input type="checkbox"/> Student Loading/Unloading circle one: Actual or Simulated |
| <input type="checkbox"/> Entering the Flow of Traffic | <input type="checkbox"/> Safety Equipment Checks | <input type="checkbox"/> Environmental Conditions |
| <input type="checkbox"/> Intersections | <input type="checkbox"/> Shifting Gears | <input type="checkbox"/> Danger Zones and Use of Mirrors |
| <input type="checkbox"/> Changing Lanes | <input type="checkbox"/> Steering and Turning | <input type="checkbox"/> Crash and Emergency/Evacuation Procedures |
| <input type="checkbox"/> Being Overtaken and Passed | <input type="checkbox"/> Safe Backing/Tail Swing | <input type="checkbox"/> Post-Trip Inspection Procedures |
| <input type="checkbox"/> Overtaking and Passing | <input type="checkbox"/> Making a Turn-Around | |
| <input type="checkbox"/> Downgrades | <input type="checkbox"/> Stopping | |
| <input type="checkbox"/> Proper Braking | <input type="checkbox"/> Checking Overhead Clearance | |

| TRAINING DATE | INSTRUCTOR NUMBER | TRAINING START TIME | TRAINING END TIME | BREAK TIME (List all Break Times) | TOTAL IN-BUS HOURS PER DATE |
|---------------|-------------------|---------------------|-------------------|--------------------------------------|-----------------------------|
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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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|---------------------------------|---------------------------|---------------|
| _____ DRIVER'S SIGNATURE | _____ TELEPHONE NUMBER | _____ DATE |
| _____ INSTRUCTOR'S SIGNATURE | _____ TELEPHONE NUMBER | _____ DATE |

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

| | | | |
|---|--|---------------------------|---------------|
| _____ INSTRUCTOR COORDINATOR'S SIGNATURE | _____ INSTRUCTOR COORDINATOR NUMBER | _____ TELEPHONE NUMBER | _____ DATE |
|---|--|---------------------------|---------------|