



pennsylvania
DEPARTMENT OF TRANSPORTATION

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: _____

CLASSROOM TRAINING				* NEW DRIVER CERTIFICATION REQUIRES A MINIMUM OF 14 HOURS	* RECERTIFICATION REQUIRES A MINIMUM OF 7 HOURS	
TOPICS: (All Topics Must Be Covered)						
<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: _____

Driver's License: _____

OR
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.

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)

☐ Pre-Trip Inspection Procedures

☐ On Road Checks

☐ Entering the Flow of Traffic

☐ Intersections

☐ Changing Lanes

☐ Being Overtaken and Passed

☐ Overtaking and Passing

☐ Downgrades

☐ Proper Braking

☐ Using Escape Ramps/Routes

☐ Speed and Traffic Flow

☐ Safety Equipment Checks

☐ Shifting Gears

☐ Steering and Turning

☐ Safe Backing/Tail Swing

☐ Making a Turn-Around

☐ Stopping

☐ Checking Overhead Clearance

☐ Railroad Crossing
circle one: Actual or Simulated

☐ Student Loading/Unloading
circle one: Actual or Simulated

☐ Environmental Conditions

☐ Danger Zones and Use of Mirrors

☐ Crash and Emergency/Evacuation Procedures

☐ 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)).

DRIVER'S PRINTED NAME

DRIVER'S SIGNATURE

TELEPHONE NUMBER

DATE

INSTRUCTOR'S PRINTED NAME

INSTRUCTOR'S SIGNATURE

ID NUMBER

TELEPHONE NUMBER

DATE

INSTRUCTOR COORDINATOR'S PRINTED NAME

INSTRUCTOR COORDINATOR'S SIGNATURE

INSTRUCTOR COORDINATOR'S NUMBER

TELEPHONE NUMBER

DATE

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