

DRIVING PERFORMANCE TEST (district name)

OPERATOR NAME _____ DATE _____ EXAMINER _____

This Driving Performance Test is designed to give the operator feedback as to how they are doing as a professional school bus driver. This feedback will assist them in improving their driving skills for the safety of the students.

Subject	Excellent	Satisfactory	Needs Improv.	Subject	Excellent	Satisfactory	Needs Improv.
Pre-trip Inspection (complete, orderly, mirror adjustment))				Lane Position (properly centered, drifts, wanders)			
Accelerating (smooth, too slow, too fast, other)				Loading and Unloading (activated amber lights, check mirrors, check traffic, distance from students, check students, park brake set, transmission in neutral)			
Anticipates (traffic light changes, objects of danger, actions of others)				Looking (in mirrors, checking blind spots)			
Backing (mirror usage, clearance, controlled, audible warning)				Passing (checks mirrors, signals, check blind spot, smoothness, adjust speed)			
Braking (too soon, too late, too hard, too easy, smooth, retarder use)				Railroad Crossings (hazards, inside quiet, door and window open, distance)			
Courteous to Other Roadway Users				Reading the Road Ahead (12 second rule)			
Entering and Leaving Freeway (signals, checks traffic, smooth lane changes, proper speed)				Signaling (no signal, too early, too late)			
Following Distance (4 second rule)				Speed (adjust to conditions, too fast, impedes traffic)			
Hand Placement on Steering Wheel (hand position, thumbs-up, turning)				Stopping (at stop line, complete stop, too close to vehicle in front, hesitant)			
Identification (traffic signs & signals, intersections, other highway users, critical objects)				Student Management (students orderly, firm but fair, operator cheerful)			
Lane Changes (checks mirrors, signals, check blind spot, smoothness, adjust speed)				Turns (over steer, under steer, turn too soon, too late or too wide, turns from and into proper lane)			

Any items marked Needs Improvement must have corrective action taken quickly and documented on reverse.

Examiner Comments:

TO BE COMPLETED BY OPERATOR

- 1. The findings of this performance test as listed on this form have been discussed with me.
- 2. I agree with the findings of this performance test as listed. Any disagreements are listed below or are attached.

Operator's Signature _____ Date _____

Examiner's Signature _____ Date _____

Operator's Comments

Corrective Action Taken
