

STUDENT TRANSPORTATION PRE-SERVICE TRAINING DOCUMENTATION (sample) (district name)

NEW DRIVER NAME _____

Starting date of training _____

DATE	HOURS	TOPICS	DRIVER INITIALS	TRAINER INITIALS
		Introduction Hand out district driver handbook Discuss district policies, procedures, forms Breakdown - accident procedures Activity trip School zone procedures Emergency evacuation procedures Hours of service Radio/cell phone procedures Introduction to training program Hand out CDE Operation of School Transportation Vehicle Rules Discuss CDL process Colorado traffic laws Vehicle fueling		
		Shop orientation/department tour Fluid refills location Paperwork location Vehicle defect reporting process Repair/PM/Annual Inspection process Bus wash		
		Drugs & Alcohol Testing Program Procedures (1 hour) Hand out district testing procedures		
		Tests Colorado Mountain Driving DVD and test Colorado Adverse Weather DVD and test CDE Written Test		
		Confidentiality video Railroad Crossing video		
		Pretrip Inspection Demonstrate then coach CDL pretrip inspection Introduction to different buses in fleet Air Brake DVD		

DATE	HOURS	TOPICS	DRIVER INITIALS	TRAINER INITIALS
		Post Trip Student check Secure bus Paperwork		
		CDL SKILLS MANEUVERS Reference Points Mirror use and adjustment Maneuvers Straight Line Backing Offset Backing Parallel Parking Alley Dock Practice		
		Loading/Unloading Procedures Approaching stop At stop Leaving stop Hazard Identification		
		Safe School Plan Bullying – in bus, at stop Victim		
		Student Management District policy Young vs older students Harassment		
		Special Education Students with Disabilities Lift operation Wheelchair securement Other securement systems Allergies Medications Bus evacuation plan		
		Route training Route # date Route # date Route # date		
		Activity Trips		

		Mountain Driving Retarder use Gears		
		Road Driving Country driving Town driving Freeway driving Student Stops Railroad crossing		
		Defensive Driving Seeing Space cushion Driving fundamentals		

Date Training Completed _____ Total Hours of Training _____ Copy To Trainee

Trainer Comments: _____

Trainee Comments: _____

New drivers' signature _____ date _____
I have received training in the above listed subjects

Trainer's signature _____ date _____

Transportation Director's signature _____ date _____
(verify that all topics have been dated and signed off or lined through)