



School Transportation Assistance Report (STAR)

Districts must complete and return this form to the CDE School Transportation Unit (STU). This form may also be accessed on the STU web page at <http://www.cde.state.co.us/transportation>.

The form may be submitted electronically via email at Transportation@cde.state.co.us or sent via US mail to CDE School Transportation Unit, 201 East Colfax Avenue, Room 209, Denver, CO 80203.

District Contact Information (Please Print)

District Name _____

Mailing Address _____

Transportation Director Name _____

Transportation Physical Address (if different) _____

Email _____

Transportation Phone _____ Cell Phone _____

Fleet Manager Name _____ Email _____

Driver Trainer Name _____ Email _____

If all transportation records are not located at the transportation facility, please provide the address of alternate location.

Location address _____

Vehicle Data

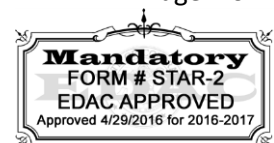
Type A _____ Type B _____ Type C _____ Type D _____ Small Vehicle _____ Multifunction _____ Motor Coach _____

Inspection Site

If vehicle annual inspections are not being performed on site, please provide the address of alternate location and contact information.

Contact Name _____ Phone _____

Physical Address _____





School Transportation Assistance Report (STAR)

Please complete the following tables. If your district has more personnel information than the space provided allows, please select a random sampling.

Annual Inspector per 1 CCR 301-26, 6.00

Full Name	Copy Of License	License Expires	Hands-On Test Date Taken	Written Test Date	CDE/DOT Brake Inspector Certificate	Verifiable Proof of experience/training (minimum of 2 years)

CDL Operator per 1 CCR 301-26, 5.01

Full Name	Copy Of License	MVR Date	DOT Physical Expires	Annual Written Test Date	Annual Driving Performance w/ Pre-Trip Date	1 st Aid/CPR Training	Pre-Service Training*

*Pre-service Training includes documentation for:

Vehicle training for the type(s) of vehicles they may be required to drive and duties required to perform
Mountain and Adverse Weather Training
Confidentiality Training
Use and Maintenance of Child Safety Restraint Systems (CSRS) if applicable



**School Transportation Assistance Report
(STAR)**

Small Vehicle Route Operator per 1 CCR 301-26, 5.02

Full Name	Copy Of License (CDL)	MVR Date	DOT Physical Expires	Annual Written Test Date	Annual Driving Performance w/ Pre-Trip Date	1 st Aid/CPR Training	Pre- Service Training*

*Pre-service Training includes documentation for:

Vehicle training for the type(s) of vehicles they may be required to drive and duties required to perform
Mountain and Adverse Weather Training

Confidentiality Training

Use and Maintenance of Child Safety Restraint Systems (CSRS) if applicable

Small Vehicle Operator per 1 CCR 301-26, 5.03

Full Name	Copy Of License	MVR Date	Medical Form	Annual Written Test Date	Initial Driving Performance w/ Pre-Trip Date	1 st Aid/CPR Training	Pre- Service Training*

*Pre-service Training includes documentation for:

Vehicle training for the type(s) of vehicles they may be required to drive and duties required to perform
Mountain and Adverse Weather Training

Confidentiality Training

Use and Maintenance of Child Safety Restraint Systems (CSRS) if applicable



School Transportation Assistance Report (STAR)

Paraprofessional per 1 CCR 301-26, 5.04(a)

Full Name	Pre-Service

Please advise us of any additional assistance/resources that the CDE School Transportation Unit can provide for you during your district review, so that we can prepare prior to our arrival.

Thank you for your cooperation.

CDE School Transportation Unit
201 East Colfax Avenue
Room 209
Denver, CO 80203
Fax: 303-866-6663
<http://www.cde.state.co.us/transportation>

Susan M Miller, Lead Transportation Consultant
Miller_s@cde.state.co.us
303-866-6656

Brian P. Vasina, Transportation Analyst
Vasina_B@cde.state.co.us
303-866-6655

STAR 2 - District Information

