

ALABAMA SPECIAL NEEDS SCHOOL BUS DRIVER RECORD & REPORT BOOK

SCHOOL YEAR 20_____ - 20_____



BUS NUMBER _____ DRIVER NAME _____

SCHOOL SYSTEM _____

SCHOOLS/AGENCIES SERVED BY TRIPS

(LIST SCHOOLS/AGENCIES IN THE ORDER THEY ARE SERVED IN THE MORNING)

Place an asterisk (*) next to facilities that house programs for students with disabilities that do not operate during the required school hours for the grade levels served.

SCHOOL/FACILITY	HOURS OF OPERATION
A. _____	_____ to _____
B. _____	_____ to _____
C. _____	_____ to _____
D. _____	_____ to _____

ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION
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MONTGOMERY, ALABAMA 36130-2101
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DR. ERIC G. MACKEY, STATE SUPERINTENDENT OF EDUCATION

PRE-TRIP MEMORY AID

ANY LEAKS

ENGINE

COMPARTMENT

(under hood)

brake fluid level (Type A Bus)

coolant level

oil level

power steering level

transmission level

windshield washer level

water pump belt - 1/2 inch

alternator belt - 1/2 inch

air compressor belt - 1/2 inch

power steering belt - 1/2 inch

hoses

wires

FRONT OF VEHICLE

steering box

steering linkage

FRONT SUSPENSION

springs

spring mounts

shock absorber

FRONT BRAKES

brake drum

brake hoses/lines

brake chamber

slack adjuster - 1 inch

FRONT WHEELS

tires 4/32" no recaps

rims

hub oil seal

lug nuts

valve stem caps

FRONT/SIDE

battery

lens covers

crossing arm

DRIVER/FUEL AREA

mirrors secure

door secure

windows secure

fuel tank cap secure

fuel tank leaks

fuel tank cage

reflectors

REAR WHEELS

tires - 2/32" may be recaps

rims

axle seals

lug nuts

spacers/bud wheels

valve stem caps

REAR BRAKES

brake drum

brake hoses/lines

brake chamber

slack adjuster - 1 inch

REAR SUSPENSION

springs

spring mounts

shock absorber

drive shaft

REAR OF BUS

exhaust system

frame

emergency door and holder

lens cover

cleanliness (outside)

ENTRANCES, EXITS, SEATS

step well

step well light

handrail

emergency door and buzzers

emergency windows and buzzers

emergency hatches and buzzers

seats

cleanliness (inside)

EMERGENCY

EQUIPMENT

fire extinguisher

spare fuses

3 triangular reflectors

first aid kit

emergency cleaning kit

ENGINE START

voltage

fuel - 1/2 tank

oil pressure

gearshift

horn

steering play - 2 inches

windshield

mirrors (adjust)

windshield washer

wiper speeds

wiper blades

heater

defroster

LIGHTS

head bright/dim, turn signals

lighting indicators

hazard, clearance

yellow warning, strobe

red flashing, brake

stop sign, dome/interior

stop sign lights, back-up

step well, back-up alarm

Before leaving bus, always bleed the air down until the emergency spring brake applies, the parking brake pops out, and the bus is locked down.

PROCEDURE FOR AIR BRAKE CHECK

1. Chock wheels.
2. Start the engine and build air pressure to 120 psi.
3. Turn the engine off, turn the ignition on and release Parking Brake (off-on-in).
4. To CHECK FOR AIR LEAKS, watch air pressure to see that it does not lose more than 2 psi in one minute.
5. Place and hold foot on service brake. Watch air pressure gauge to see that it does not lose more than 3 psi in one minute.
6. To CHECK THE LOW AIR WARNING SYSTEM, pump the brakes down (deplete air from system) until the low air warning light and buzzer come on at approximately 60 psi.
7. Continue pumping down until the parking brake knob pops out at approximately 20 to 45 psi. This will indicate that the spring brakes have been applied. Remove chocks.
8. Start the engine. With the air pressure below 10 psi, place the transmission in gear and slightly press the accelerator to check the EMERGENCY BRAKE SYSTEM. Return transmission back into neutral. Once the air pressure is above 100 psi, place the transmission in gear again and slightly press the accelerator to check the PARK BRAKE SYSTEM. Then, check the SERVICE BRAKE by releasing the Parking Brake and accelerate to approximately 5 mph. Apply pressure to service brake to ensure the bus does not pull side-to-side and stops smoothly.

WALK THE BUS TO CHECK FOR STUDENTS AFTER EACH ROUTE!

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Distracted Driving Tips for Alabama School Bus Drivers

School bus drivers must learn to protect themselves and their passengers and to take fewer risks.

Every second a school bus driver is distracted has the potential for disaster since road conditions can change in a split second.

Avoid These Distracting Activities While Driving:

- Operating electronic devices
- Personal grooming/hair/makeup
 - Adjusting climate controls
 - Eating or drinking
- Talking with passengers
- Reading and writing

Do Not Use Cell Phones, Two-Way Radios, or
Any Other Electronic Device While Driving Your Bus.

ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION

ALABAMA SPECIAL NEEDS
SCHOOL BUS DRIVER
RECORD & REPORT BOOK
**CERTIFICATION OF
RECEIPT & COMPLIANCE**

SCHOOL YEAR 20 _____ - 20 _____

This is to certify that I have received a copy of the Alabama School Bus Driver Record and Report Book for the school bus shown below. I further certify that I have read, understand, and will follow the procedures, rules, regulations, and recommendations contained in this document and in the Alabama School Bus Driver Handbook.

School Bus No. _____ Date _____

Driver Name (Print) _____

Driver Signature _____

This certification is to be completed, signed by the driver, and returned to the school system or agency transportation supervisor to be maintained in the driver's personnel record.

SPECIAL NEEDS

STUDENT TRANSPORTATION REGULATIONS

The Alabama Administrative Code, Special Education Services, Chapter 290-8-9-.05 (2) (c), states that “Special education programs must be in operation for at least the length of the regular school term and school day unless the IEP Team specifies a different length of time based on the individual needs of the child.”

The start and end time of the school day must be the same for students with disabilities and their nondisabled peers. No student with a disability may receive a shortened school day (a day shorter than a school day for general education students) due to transportation or administrative convenience.

ALABAMA STATE DEPARTMENT OF EDUCATION PUPIL TRANSPORTATION SECTION AND SPECIAL EDUCATION SERVICES SECTION



Tornado Preparedness

Every driver of a school bus should have some basic knowledge of tornado information and the precautionary measures to take when a warning or a sighting is made.

What precautions should a school bus driver take when tornado conditions exist?

- * Abide by local district policy where applicable.
- * Be aware that the spring and fall months are most conducive to tornado activity.
- * Severe weather conditions should be discussed with authorized school officials before leaving the school, particularly if the area is under a “Tornado Watch.”
- * If a “Tornado Warning” is in effect, buses should not be loaded and students should remain in the assigned shelter areas inside the school building.

What should a school bus driver do if a tornado is sighted when on the route?

- * The driver should be aware of any or all areas along the route, such as school buildings, churches, public buildings and/or storm shelters, concrete bridges, and other substantial structures that could be used as a tornado shelter.
- * If a tornado funnel is sighted, it is best to evacuate the students from the bus immediately into an appropriate shelter. Trying to outrun a tornado would not be a wise decision.
- * If an adequate shelter area cannot be reached without further endangering the students, a ditch or depression in the immediate vicinity may have to be used. However, this should be done as a last resort. Evacuate the students into the shelter area, being sure that the bus has been positioned far enough and in a direction away from the students so that the wind will not overturn the bus onto them.
- * Radios (AM, FM, or two-way) or other communication equipment should be in operation at all times during threatening weather conditions. Even a portable transistor radio is better than nothing during these threatening periods.

RULES, REGULATIONS, & RECOMMENDATIONS

Additional driver requirements and information on school bus operation can be found in the Alabama School Bus Driver Handbook provided to all Alabama school bus drivers.



1. This book serves as a logbook and should be kept on the assigned school bus.
2. Drivers must conduct a thorough pre-trip inspection to ensure that their school bus is safe to transport students. Additionally, the Federal Motor Carrier Safety Act requires periodic checks of all commercial motor vehicles.
3. School bus drivers are subject to random alcohol and other drug testing and must pass a physical examination once each two years.
4. Drivers should report needed repairs to the supervisor as soon as possible. Most systems have forms on which needed repairs can be noted. Don't be hesitant to report suspected problems.
5. The driver is responsible for keeping the school bus clean. A clean bus aids greatly in maintaining discipline and promotes a good image of school transportation in the community.
6. Daily and monthly records must be kept by school bus drivers and submitted to their supervisor. The supervisor will advise the driver on methods of keeping and submitting records and reports. Some of these reports include pre-trip inspection, fuel consumption and mileage, student counts, route maps, etc.
7. School bus drivers must do a post-trip inspection at the end of the trip, day, or work shift. It may include filling out a vehicle condition report listing any problems you find. It includes checking the bus for students and locking the bus down. (Locking the bus down involves bleeding the air out of the air tank(s) until the spring brake applies and the air valve pops out.)
8. Adjust all mirrors including traffic mirrors, inside rear view mirror, and student crossover mirrors to ensure full views of all areas around the bus.
9. Alabama School Bus Driver Certificates must be renewed annually by successfully completing a four-hour recertification class. School bus drivers are notified and scheduled for these classes by the local school system transportation supervisor. Drivers who fail to complete their annual required class must return to new driver school to be certified.
10. School bus drivers must notify their employer for any traffic violation (except parking violations). This is true no matter what type of vehicle they were driving. Notify your employer if your license is suspended, revoked, or cancelled, or if you have been disqualified from driving.

INSTRUCTIONS FOR MAKING REPORTS

This record book contains the following forms:

SN-I, (a), (b)	Special Needs School Bus Route Reports
SN-II	Special Needs School Bus Pre-trip Inspection Record
SN-II(a)	Special Needs School Bus Extracurricular Pretrip Inspection Record
TR-III	School Bus Collision Report
SN-IV	Special Needs School Bus Student Roster
TR-V	School Bus Illegal Passing Survey

Please note that you are to fill out the SN-IV at the beginning of the year according to directions from the school system transportation supervisor. You should also be given instructions as to the completion of the other forms. Consult your transportation supervisor if you have questions or need assistance.

Sufficient copies of all forms for the entire school year are provided in this book. However, additional copies may be made as needed. Drivers are not required to keep a copy. General directions for completing each form are found below.

FORM SN-I, SN-I(a), AND SN-I(b) — SPECIAL NEEDS SCHOOL BUS ROUTE REPORT

Forms SN-I, SN-I(a), and SN-I(b) are used to collect information on the number of students transported, loaded and unloaded miles, total miles traveled, and route time for students. They are to be turned in to the supervisor at the end of each reporting period.

Form SN-I is used for all reporting periods except the first and second. It collects the # of students transported, what schools are served, and the loading and unloading times.

Forms SN-I(a) and SN-I(b) are used ONLY for the first and second reporting periods. In addition to the information collected on Form SN-I, Form SN-I(b) collects # loaded miles, # unloaded miles, and time on bus for one day only. This information is needed for the Annual Route Report provided to the Alabama State Department of Education. There is only one copy of this form provided. It is extremely important that it be accurately completed according to directions from the school system transportation supervisor. The information requested on this report helps to determine the amount of transportation funding received by the school system.

At the beginning of each month, complete the top of the form and enter all dates, etc.

Definitions: (for second reporting period only)

Students Transported - Accurately count your students for each morning and afternoon trip and record it in the appropriate space. Do not estimate. Be sure that students are counted only once on the way to school and once on the way home.

Loaded Miles - Record the number of miles from your first student pick up to the last student drop off. A school bus route ends when the bus is completely empty.

Unloaded Miles - Record the total number of miles traveled with no students on the bus.

Student Time on Bus (Minutes) - Record the amount of time from the first student pick up until the last student drop off.

Note: # Loaded Mile, # Unloaded Miles, and Time on Bus will be collected on a Wednesday during the second reporting period, as designated by the transportation supervisor.

FORM SN-II — SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Form SN-II is used to document the driver's pre-trip inspection of the school bus. The Federal Motor Carrier Safety Act requires periodic checks of all commercial motor vehicles, including school buses. The driver must ensure that all items are working properly before the bus is operated. Additionally, it is a legal document subject to review in case of an accident. It should only be completed after a thorough bus inspection is performed. Turn this form in to the supervisor along with the SN-I.

Form SN-II(a) Follow the same directions for Form SN-II, but use this form for all extracurricular trips. This form stays with the Record & Report Book. Copies may be made, if needed.

Note that a separate space is provided for extracurricular trips. Generally, for items working properly enter a check (✓) in the appropriate block. If they are not working properly enter an "X". Check and document each item separately.

Specific information regarding school bus inspection can be found in the Alabama School Bus Driver Handbook.

FORM TR-III — SCHOOL BUS COLLISION REPORT

Collision defined: A mishap resulting in injury to a person or damage to property.

Form TR-III is used to report accidents. It helps the school system comply with the Alabama State Board of Education rule that requires all school bus accidents to be reported to the Alabama State Department of Education. It must be completed and submitted to the ALSDE immediately after each collision. Full information must be given on all items. The form is also used in developing future safety training for school bus drivers. Additionally, it is your responsibility to make an official report in your words of what happened. If an accident is investigated by local or state law enforcement, a copy of their official record should be submitted with the TR-III or forwarded as soon as possible thereafter. Transportation supervisors should complete and sign the Transportation Supervisor Narrative before the TR-III is submitted.

In case of a collision involving serious injury to persons or property contact law enforcement agencies, the transportation supervisor, and emergency assistance, if needed. Extra sheets may be used as necessary. Collision reports are submitted to the State Department of Education by your superintendent of education. The responsibility of the school bus driver in any accident is to ensure student safety as well as adequately represent his/her local school system. This responsibility may include making a log of all students on the bus at the time of the accident.

Specific information regarding accident procedures can be found in the Alabama School Bus Driver Handbook.

FORM SN-IV — SPECIAL NEEDS SCHOOL BUS STUDENT ROSTER

Form SN-IV provides a list of students who ride each system school bus. The form also provides other useful and necessary information such as schools served, stop numbers, loading and unloading times, etc. Drivers must complete this form in cooperation with the transportation supervisor, principals of schools served by the bus, and other administrative personnel, as necessary. The roster should be completed within ten days of the opening of school or as directed by your superintendent of education.

Enter all information on the form for each of your students. You may be given special instructions by your local transportation supervisor.

Stop Number - Number each stop in the order students are loaded in the morning. All students loading at the same stop show the same number. For students riding only in the afternoon and unloading at a morning stop, use the morning stop number. If they unload at a different stop, assign a new stop number.

Student Name – List each student by bus stop.

School Attended – Check correct box for the school each student attends. See list of schools served on the front of this book.

Wheelchair – If the student is in a wheelchair, place a check in the box.

Restraint System – If the student is required to be restrained, place a check in the box.

Grade Level/Age – Enter each student's grade level (K-12). For preschool, enter "P".

Load Time A.M. – Give the time in hours and minutes that each student loads in the morning.

Unload Time P.M. – Give the time in hours and minutes that each student unloads in the afternoon.

Shortened School Day – If a student's school day is shortened as a result of his/her IEP, circle yes. Otherwise, circle no.

Emergency Phone – In this space, enter a phone number for each student that can be used in case of an emergency.

TR-V — SCHOOL BUS ILLEGAL PASSING SURVEY

Form TR-V is used to collect information about motorists who violate Alabama's law requiring all vehicles to stop while school buses load or unload students. It is completed annually on a date designated by the Alabama State Department of Education, Pupil Transportation Section. Do not write on the TR-V until instructed to do so by your transportation supervisor. The information you provide in the survey assists in the development of safety training programs, proposed legislation, school bus specifications, and many other areas. Most importantly, it helps PROTECT OUR CHILDREN. Please be as accurate as possible in collecting the information. HOWEVER, REMEMBER THAT YOUR MAIN RESPONSIBILITY IS THE SAFETY OF YOUR STUDENTS. SO, COLLECT THE INFORMATION IN SUCH A WAY THAT YOU ARE NOT DISTRACTED. The survey is generally scheduled for the second Wednesday in April each year. You will be given more specific collection instructions by your transportation supervisor.

Specific information regarding student loading and unloading can be found in the Alabama School Bus Driver Handbook.

FIRST SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT AUGUST

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

AIDE?

Yes

No

B. _____
D. _____A. _____
C. _____

SCHOOLS SERVED >

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM	AM	PM
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Lift Operating Properly																								
Securement Station Equipped																								
Straps/Belts in Good Condition																								
Anchorage Working Properly																								
SN Storage Clean and Dry																								
Web Belt Cutter Accessible																								
Operations Manual Accessible																								
Driver Initials																								

I certify that I have observed all official regulations.

Driver Signature

SECOND SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT SEPTEMBER

DRIVER NAME _____

BUS # _____

SCHOOL SYSTEM _____

Instructions: Count students daily. Loaded miles, unloaded miles, and time students are on the bus will be collected on one Wednesday during the *Second* reporting period as designated by the transportation supervisor.

AM _____	PM _____
Loaded Miles One Way	

AM _____	PM _____
Unloaded Miles One Way	

Student Time on Bus (minutes) AM ____ PM ____ SCHOOL YEAR 20__ to 20__

Road Condition (Circle One): Satisfactory Poor

AIDE?	Yes	
	No	

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM	AM	PM
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Lift Operating Properly																								
Securement Station Equipped																								
Straps/Belts in Good Condition																								
Anchorage Working Properly																								
SN Storage Clean and Dry																								
Web Belt Cutter Accessible																								
Operations Manual Accessible																								
Driver Initials																								

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

OCTOBER

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

AIDE?

Yes

No

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM		
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A.
 B.
 C.
 D.
 SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Lift Operating Properly																								
Securement Station Equipped																								
Straps/Belts in Good Condition																								
Anchorage Working Properly																								
SN Storage Clean and Dry																								
Web Belt Cutter Accessible																								
Operations Manual Accessible																								
Driver Initials																								

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

NOVEMBER

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

AIDE?

Yes

No

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM		
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A.
 B.
 C.
 D.

SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Lift Operating Properly																								
Securement Station Equipped																								
Straps/Belts in Good Condition																								
Anchorage Working Properly																								
SN Storage Clean and Dry																								
Web Belt Cutter Accessible																								
Operations Manual Accessible																								
Driver Initials																								

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT DECEMBER

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

AIDE?	Yes	
	No	

A. _____ B. _____ C. _____ D. _____

SCHOOLS SERVED >

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM		
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
													Engine Oil & Coolant											
													Belts, Wires, & Hoses											
													Windshield & Windows											
													Tires & Lugs											
													Exhaust System											
													Brakes & Brake Leaks											
													Park or Emergency Brake											
													Emergency Exits & Buzzer											
													Headlights/Hazard											
													Pupil Loading Lights											
													Stop Arm/Crossing Arm											
													Steering Wheel & Horn											
													Mirrors & Adjustment											
													Emergency Equipment											
													Seats & Interior											
													Driver's Seat & Belt											
													Service Door/Entrance											
													Wipers/Washers											
													Defroster/Heaters											
													Gauges/Controls											
													Fuel Tank/Leaks											
													Springs/Shocks											
													Lift Operating Properly											
													Securement Station Equipped											
													Straps/Belts in Good Condition											
													Anchorage Working Properly											
													SN Storage Clean and Dry											
													Web Belt Cutter Accessible											
													Operations Manual Accessible											
													Driver Initials											

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

JANUARY

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

AIDE?

Yes

No

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM		
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A.
 B.
 C.
 D.
 SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
													Engine Oil & Coolant											
													Belts, Wires, & Hoses											
													Windshield & Windows											
													Tires & Lugs											
													Exhaust System											
													Brakes & Brake Leaks											
													Park or Emergency Brake											
													Emergency Exits & Buzzer											
													Headlights/Hazard											
													Pupil Loading Lights											
													Stop Arm/Crossing Arm											
													Steering Wheel & Horn											
													Mirrors & Adjustment											
													Emergency Equipment											
													Seats & Interior											
													Driver's Seat & Belt											
													Service Door/Entrance											
													Wipers/Washers											
													Defroster/Heaters											
													Gauges/Controls											
													Fuel Tank/Leaks											
													Springs/Shocks											
													Lift Operating Properly											
													Securement Station Equipped											
													Straps/Belts in Good Condition											
													Anchorage Working Properly											
													SN Storage Clean and Dry											
													Web Belt Cutter Accessible											
													Operations Manual Accessible											
													Driver Initials											

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

FEBRUARY

DRIVER NAME _____

BUS # _____

ROUTE NUMBER _____

SCHOOL YEAR 20__ to 20__

AIDE?	Yes	
	No	

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM		
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A. _____
 B. _____
 C. _____
 D. _____
 SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If Items are operating properly, place a check (✓) in the box. If items are not operating properly, mark X in the box and report it to the Transportation Department.

[illegible]

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

MARCH

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

AIDE?

Yes

No

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM	AM	PM
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A.
 B.
 C.
 D.
 SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
													Engine Oil & Coolant											
													Belts, Wires, & Hoses											
													Windshield & Windows											
													Tires & Lugs											
													Exhaust System											
													Brakes & Brake Leaks											
													Park or Emergency Brake											
													Emergency Exits & Buzzer											
													Headlights/Hazard											
													Pupil Loading Lights											
													Stop Arm/Crossing Arm											
													Steering Wheel & Horn											
													Mirrors & Adjustment											
													Emergency Equipment											
													Seats & Interior											
													Driver's Seat & Belt											
													Service Door/Entrance											
													Wipers/Washers											
													Defroster/Heaters											
													Gauges/Controls											
													Fuel Tank/Leaks											
													Springs/Shocks											
													Lift Operating Properly											
													Securement Station Equipped											
													Straps/Belts in Good Condition											
													Anchorage Working Properly											
													SN Storage Clean and Dry											
													Web Belt Cutter Accessible											
													Operations Manual Accessible											
													Driver Initials											

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

APRIL

DRIVER NAME _____

BUS # _____

ROUTE NUMBER _____

SCHOOL YEAR 20__ to 20__

AIDE?	Yes	
	No	

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM		
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A. _____
 B. _____
 C. _____
 D. _____
 SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

If items are operating properly, place a check (✓) in the box. If items are **not** operating proper mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added		Items to be Checked																										
	A	M	P	M	A	M	P	M	A	M	P	M	A	M	P	M	A	M	P	M	A	M	P	M	A	M	P	M	
Engine Oil & Coolant																													
Belts, Wires, & Hoses																													
Windshield & Windows																													
Tires & Lugs																													
Exhaust System																													
Brakes & Brake Leaks																													
Park or Emergency Brake																													
Emergency Exits & Buzzer																													
Headlights/Hazard																													
Pupil Loading Lights																													
Stop Arm/Crossing Arm																													
Steering Wheel & Horn																													
Mirrors & Adjustment																													
Emergency Equipment																													
Seats & Interior																													
Driver's Seat & Belt																													
Service Door/Entrance																													
Wipers/Washers																													
Defroster/Heaters																													
Gauges/Controls																													
Fuel Tank/Leaks																													
Springs/Shocks																													
Lift Operating Properly																													
Securement Station Equipped																													
Straps/Belts in Good Condition																													
Anchorage Working Properly																													
SN Storage Clean and Dry																													
Web Belt Cutter Accessible																													
Operations Manual Accessible																													
Driver Initials																													

I certify that I have observed all official regulations.

Driver Signature _____

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

MAY

DRIVER NAME _____

BUS # _____

ROUTE NUMBER _____

SCHOOL YEAR 20__ to 20__

AIDE?	Yes	
	No	

Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times	
				Unload	Load					Unload	Load					Unload	Load
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM		
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A. _____
 B. _____
 C. _____
 D. _____
 SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

 DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:	
A. End Month	_____
B. Beginning Month	_____
C. Miles Traveled	_____
(A minus B = C)	

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Lift Operating Properly																								
Securement Station Equipped																								
Straps/Belts in Good Condition																								
Anchorage Working Properly																								
SN Storage Clean and Dry																								
Web Belt Cutter Accessible																								
Operations Manual Accessible																								
Driver Initials																								

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

DRIVER NAME										BUS #				ROUTE NUMBER			
SCHOOL YEAR: 20____ to 20____																	
Reporting Period: _____ to _____														AIDE? Yes <input type="checkbox"/> No <input type="checkbox"/>			
mm dd										mm dd							
Day/Date	School Served	Number Transported		Times		Day/Date	School Served	Number Transported		Times		Day/Date	School Served	Number Transported		Times	
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM	AM	PM
1	A			:	:	8	A			:	:	15	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
2	A			:	:	9	A			:	:	16	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
3	A			:	:	10	A			:	:	17	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
4	A			:	:	11	A			:	:	18	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
5	A			:	:	12	A			:	:	19	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
6	A			:	:	13	A			:	:	20	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				
7	A			:	:	14	A			:	:	21	A			:	:
	B			:	:		B			:	:		B			:	:
	C			:	:		C			:	:		C			:	:
	D			:	:		D			:	:		D			:	:
	Total						Total						Total				

A. SCHOOLS SERVED > B. C. D.

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month		
B. Beginning Month		
C. Miles Traveled		
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Lift Operating Properly																								
Securement Station Equipped																								
Straps/Belts in Good Condition																								
Anchorage Working Properly																								
SN Storage Clean and Dry																								
Web Belt Cutter Accessible																								
Operations Manual Accessible																								
Driver Initials																								

I certify that I have observed all official regulations.

Driver Signature

SPECIAL NEEDS SCHOOL BUS MONTHLY ROUTE REPORT

DRIVER NAME										BUS #				ROUTE NUMBER								
SCHOOL YEAR: 20____ to 20____														<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 50%;">AIDE?</td> <td style="width: 20%;">Yes</td> <td style="width: 30%;"></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>				AIDE?	Yes		No	
AIDE?	Yes																					
	No																					
Reporting Period: _____ to _____																						
mm dd										mm dd												
Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times		Day/ Date	School Served	Number Transported		Times						
				Unload	Load					Unload	Load					Unload	Load					
		AM	PM	AM	PM			AM	PM	AM	PM			AM	PM							
1	A			:	:	8	A			:	:	15	A			:	:					
	B			:	:		B			:	:		B			:	:					
	C			:	:		C			:	:		C			:	:					
	D			:	:		D			:	:		D			:	:					
	Total						Total						Total									
2	A			:	:	9	A			:	:	16	A			:	:					
	B			:	:		B			:	:		B			:	:					
	C			:	:		C			:	:		C			:	:					
	D			:	:		D			:	:		D			:	:					
	Total						Total						Total									
3	A			:	:	10	A			:	:	17	A			:	:					
	B			:	:		B			:	:		B			:	:					
	C			:	:		C			:	:		C			:	:					
	D			:	:		D			:	:		D			:	:					
	Total						Total						Total									
4	A			:	:	11	A			:	:	18	A			:	:					
	B			:	:		B			:	:		B			:	:					
	C			:	:		C			:	:		C			:	:					
	D			:	:		D			:	:		D			:	:					
	Total						Total						Total									
5	A			:	:	12	A			:	:	19	A			:	:					
	B			:	:		B			:	:		B			:	:					
	C			:	:		C			:	:		C			:	:					
	D			:	:		D			:	:		D			:	:					
	Total						Total						Total									
6	A			:	:	13	A			:	:	20	A			:	:					
	B			:	:		B			:	:		B			:	:					
	C			:	:		C			:	:		C			:	:					
	D			:	:		D			:	:		D			:	:					
	Total						Total						Total									
7	A			:	:	14	A			:	:	21	A			:	:					
	B			:	:		B			:	:		B			:	:					
	C			:	:		C			:	:		C			:	:					
	D			:	:		D			:	:		D			:	:					
	Total						Total						Total									

A. _____ B. _____ C. _____ D. _____

SCHOOLS SERVED >

I certify that the information on this form
is accurate to the best of my knowledge.

DRIVER SIGNATURE

SPECIAL NEEDS SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:		
A. End Month	_____	_____
B. Beginning Month	_____	_____
C. Miles Traveled	_____	_____
(A minus B = C)		

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

Date: _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating proper mark **X** in the box and report it to the Transportation Department.

DATE	Gallons of Fuel Added												Items to be Checked											
	A	P	M	M	M	M	M	M	M	M	M	M	A	P	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Lift Operating Properly																								
Securement Station Equipped																								
Straps/Belts in Good Condition																								
Anchorage Working Properly																								
SN Storage Clean and Dry																								
Web Belt Cutter Accessible																								
Operations Manual Accessible																								
Driver Initials																								

I certify that I have observed all official regulations.

Driver Signature

Form SN-II(a)

SPECIAL NEEDS SCHOOL BUS EXTRACURRICULAR PRE-TRIP INSPECTION RECORD

(Make Copies as Needed)

Date	Trip Number/ Trip Destination	Driver's Name	Trip Number → Gallons of Fuel Added	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	1		Quarts of Oil Added															
	2		Items to be Checked	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D
	3		Engine Oil/Coolant															
	4		Belts, Wires, & Hoses															
	5		Windshield & Windows															
	6		Tires & Lugs															
	7		Exhaust System															
	8		Brakes & Brake Leaks															
	9		Park or Emer. Brake															
	10		Emer. Exits & Buzzer															
	11		Headlights/Hazzard															
	12		Pupil Loading Lights															
	13		Stop/Crossing Arms															
	14		Steering Wheel & Horn															
	15		Mirrors & Adjustment															
		School District	Emer. Equipment															
			Seats & Interior															
			Driver's Seat & Belt															
			Service Door/Entrance															
			Wipers/Washers															
			Defroster/Heaters															
			Gauges/Controls															
			Fuel Tank/Leaks															
			Springs/Shocks															
			Lift Operating Properly															
			Securement Station Equipped															
			Straps/Belts in Good Condition															
			Anchorage Working Properly															
			SN Storage Clean and Dry															
			Web Belt Cutter Accessible															
			Operations Manual Accessible															
			Evacuation Drill															
			Round Trip Miles →															
			Driver Initials →															

D = Departure R = Return

Distracted Driving Tips for Alabama School Bus Drivers

School bus drivers must learn to protect themselves and their passengers and to take fewer risks.

Every second a school bus driver is distracted has the potential for disaster since road conditions can change in a split second.

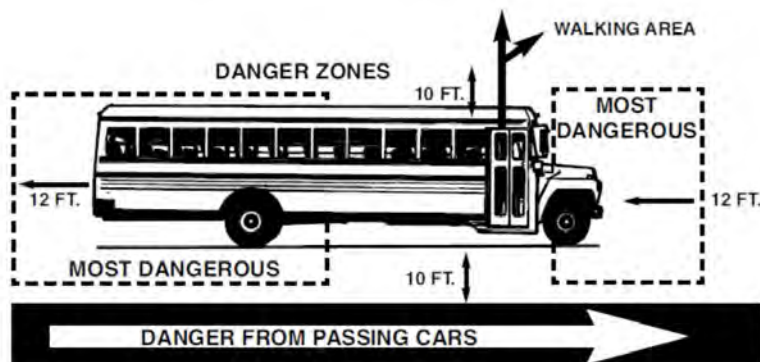
Avoid These Distracting Activities While Driving:

- Operating electronic devices
- Personal grooming/hair/makeup
 - Adjusting climate controls
 - Eating or drinking
- Talking with passengers
- Reading and writing

Do Not Use Cell Phones, Two-Way Radios, or Any Other Electronic Device While Driving Your Bus.

**ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION**

DANGER ZONES



**DON'T TAKE CHANCES!
FOLLOW PROPER SAFETY PROCEDURES!**

Form TR-III

SCHOOL VEHICLE COLLISION REPORT

Keep original and submit one copy to:
When available, submit copy of law
enforcement accident report.

ALABAMA STATE DEPARTMENT
OF EDUCATION
PUPIL TRANSPORTATION SECTION
P.O. BOX 302101
MONTGOMERY, AL 36130-2101

- ☐ Check box if law enforcement
accident is included.
- ☐ Check box if collision involved
confirmed injury.
- ☐ Check box if collision involved
confirmed fatality.

REPORT DATE: ____

SCHOOL/SYSTEM/AGENCY _____ System Code: _____

SCHOOL VEHICLE Driver's Name: _____

Driver License Number: _____ Male () Female ()

Collision Date: _____ Hour: ____ A.M. ____ P.M. ____

Highway (Give No. or Name): U.S. _____ State _____ County _____ City _____

Weather Conditions: _____ Road Conditions: _____ Estimated Speed: _____

Type of Vehicle: _____ Bus No.: _____ Capacity: _____

Owned by System or Institution: Yes _____ No _____ Regular Trip: _____ Activity Trip: _____

Number on School Vehicle: Pupils _____ Other _____

School Vehicle Driver's Injury: _____

Estimated Damage to School Vehicle: \$ _____

OTHER VEHICLE Driver's Name: _____

Address: _____

Type of Vehicle: _____ Vehicle No.: _____ License No.: _____

Estimated Speed: _____ Other Driver's Injury: _____

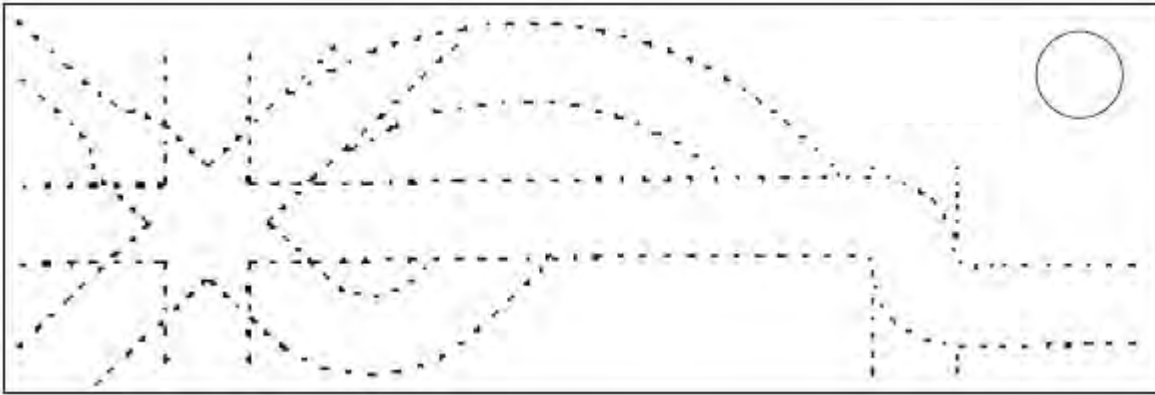
Estimated Damage to Other Vehicle: \$ _____

Damage to Property Other Than Vehicles: _____

Name of Injured Pupils	Age	Address	Nature of Injury
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Others Injured	Age	Address	Nature of Injury
_____	_____	_____	_____
_____	_____	_____	_____
Names of Witnesses (Including School Pupils)	Age	Address	Nature of Injury
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

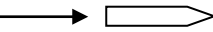
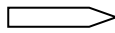
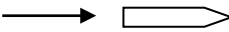
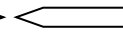

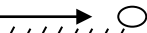
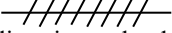
Use reverse side for making sketch and listing injured pupils. Attach extra sheets whenever necessary to complete information requested.

IMPORTANT: Sketch below an illustration of the road or street where the collision occurred. Indicate with lines or arrows the path and direction of vehicles or persons. Show side roads, hills, bridges, curves, and any other helpful information as to cause of accident.



Vehicle No. 1 – School Vehicle **Vehicle No. 2** – Other Vehicle **Vehicle No. 3** – Any Other Vehicle

INSTRUCTIONS:

1. Use dash lines as guides to draw heavy lines which will show outlines of roadway at place of collision.
2. Show where vehicles were in roadway when collision occurred and where they finally came to rest.
3. Use solid line to show path of vehicle before collision.  Use dotted line to show path of vehicle after collision. 
4. Number each vehicle and show direction of travel by arrow.   
5. Show pedestrians by: 
6. Show railroad by: 
7. Show distance and direction to landmarks. Identify by name or number.

POINT OF IMPACT: (Check one or more for each vehicle)

- | | | | | | | |
|-----|-----|-----|-----|-----|-----|----------------|
| 1 | 2 | 3 | 1 | 2 | 3 | |
| () | () | () | () | () | () | 1. Front |
| () | () | () | () | () | () | 2. Right front |
| () | () | () | () | () | () | 3. Left front |
| () | () | () | () | () | () | 4. Right side |
| | | | | | | 5. Left side |
| | | | | | | 6. Rear |
| | | | | | | 7. Right rear |
| | | | | | | 8. Left rear |

DESCRIBE WHAT HAPPENED:

I hereby certify this report to be correct: _____
School Vehicle Driver

TRANSPORTATION SUPERVISOR NARRATIVE:

Transportation Supervisor Signature

School System

SPECIAL NEEDS SCHOOL BUS STUDENT ROSTER

School System _____

Bus Number _____ Driver Name _____

[illegible]

Bus Number _____ Driver Name _____

[illegible]

SCHOOL BUS ILLEGAL PASSING SURVEY FORM

DEAR SCHOOL BUS DRIVER: The Alabama State Department of Education conducts an annual study to obtain information about vehicles that illegally pass your stopped school bus while you are loading and unloading students. The survey is generally scheduled for the second Wednesday in April each year. You will be given more specific collection instructions by your transportation supervisor.

Please observe the vehicles that illegally pass your school bus **while it is stopped with STOP ARM extended** on this date and put an **X** in the appropriate blank on the form that best fits the illegal passing. Each row on the form represents one (1) vehicle that illegally passes your stopped school bus. There are six spaces provided for your convenience. Additional sheets may be used, as necessary.

REMEMBER: Please take extreme caution when completing the form - YOUR MAIN RESPONSIBILITY IS THE SAFETY OF

YOUR STUDENTS. Time permitting, please complete as much information as possible. Thank you for your cooperation.

County/City/Agency School District:
Driver Name:
Bus Number:
Date:

TIME OF PASS	# STUDENTS BUS STOP	AT	VEHICLE PASSED THE:	FROM	PASSED ON WHICH SIDE OF THE BUS?	TYPE OF VEHICLE	TYPE OF ROADWAY
1. A.M.	1 to 5		Front		Left	Car	2 Lanes
	6 to 10		(opposite way)		(Driver Side)	Light Truck or Van	3 Lanes
P.M.	11 or more		Rear		Right	Heavy Truck	4 Lanes, no Median
			(going same way)		(Door Side)		4 Lanes with Median
							Over 4 Lanes
2. A.M.	1 to 5		Front		Left	Car	2 Lanes
	6 to 10		(opposite way)		(Driver Side)	Light Truck or Van	3 Lanes
P.M.	11 or more		Rear		Right	Heavy Truck	4 Lanes, no Median
			(going same way)		(Door Side)		4 Lanes with Median
							Over 4 Lanes
3. A.M.	1 to 5		Front		Left	Car	2 Lanes
	6 to 10		(opposite way)		(Driver Side)	Light Truck or Van	3 Lanes
P.M.	11 or more		Rear		Right	Heavy Truck	4 Lanes, no Median
			(going same way)		(Door Side)		4 Lanes with Median
							Over 4 Lanes
4. A.M.	1 to 5		Front		Left	Car	2 Lanes
	6 to 10		(opposite way)		(Driver Side)	Light Truck or Van	3 Lanes
P.M.	11 or more		Rear		Right	Heavy Truck	4 Lanes, no Median
			(going same way)		(Door Side)		4 Lanes with Median
							Over 4 Lanes
5. A.M.	1 to 5		Front		Left	Car	2 Lanes
	6 to 10		(opposite way)		(Driver Side)	Light Truck or Van	3 Lanes
P.M.	11 or more		Rear		Right	Heavy Truck	4 Lanes, no Median
			(going same way)		(Door Side)		4 Lanes with Median
							Over 4 Lanes
6. A.M.	1 to 5		Front		Left	Car	2 Lanes
	6 to 10		(opposite way)		(Driver Side)	Light Truck or Van	3 Lanes
P.M.	11 or more		Rear		Right	Heavy Truck	4 Lanes, no Median
			(going same way)		(Door Side)		4 Lanes with Median
							Over 4 Lanes

Please report only violations that meet the following criteria:

- (1) BUS IS COMPLETELY STOPPED
- (2) RED LIGHTS ARE FLASHING AND STOP SIGN IS EXTENDED
- (3) VEHICLE PASSES BY THE RIGHT OR LEFT SIDE OF THE BUS WHILE THE STOP IS BEING MADE
- (4) THE VEHICLE IS NOT ON A DIVIDED FOUR LANE HIGHWAY TRAVELING IN THE OPPOSITE DIRECTION

This data collection form should be completed by each bus driver on the day of the illegal passing count and should be turned in EVEN IF THERE ARE NO VIOLATIONS TO REPORT.

Idling Tips for Alabama School Bus Drivers



- Idle your school bus NO longer than five (5) minutes to build up air pressure.
- Idling longer than five (5) minutes does NOT help the school bus get warmer.
- Do NOT idle your bus while loading or unloading on school grounds.
- Drivers should be on the bus while it is running. NO Exceptions!
- Buses should NOT park on school grounds near building air-intake systems.

ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION

CREATING AN EMERGENCY EVACUATION PLAN FOR THE SPECIAL NEEDS SCHOOL BUS

It is important that the school bus driver and, if provided, attendant or nurse work together to ensure the students are quickly and safely evacuated from a bus that has experienced an emergency. There are two basic types of emergency evacuations:

- (1) front door (when the rear exit is blocked or unsafe)
- (2) back door (when the front exit is blocked or unsafe). There may be times when both front and rear door evacuations are used simultaneously to expedite the procedure. The suggestions below are intended for documenting a plan for the front door and rear door evacuation of your special needs students. A form is provided on the next page.

1. Make a seating chart of your bus.
2. Indicate locations of all exits on your bus (doors, roof hatches, and windows).
3. Indicate where each student is assigned.
 - Mark “A” for ambulatory student.
 - Mark “W/C” for a non-ambulatory student.
 - Mark “C/S” for students in car seats, booster seats, or other approved restraint systems.
4. The plan should include a determination of whether a non-ambulatory student should be removed from his/her wheelchair. Considerations include the site of the damaged bus or the medical condition of the student. Other factors may also need to be taken into consideration. If the determination is made that the child should be removed, consult with a physical or occupational therapist for proper procedure.
5. Indicate which exits would be best used given each emergency scenario.
6. Determine which students should be evacuated first to lessen the chance of a “bottleneck” in the aisle.
7. The plan should assign the duties of the adults on the bus, including an emergency call, cutting straps, and releasing students from restraint systems.
8. This plan should be practiced by all involved (driver, aide, nurse, and students) on a consistent basis.
9. Make it a habit to remind the students about the plan, even in between practices. Doing so may help relieve stress and/or anxiety during a real emergency.
10. Revise the plan whenever the route is changed and/or a new student is added or removed from the route.

SPECIAL NEEDS EMERGENCY EVACUATION DIAGRAM

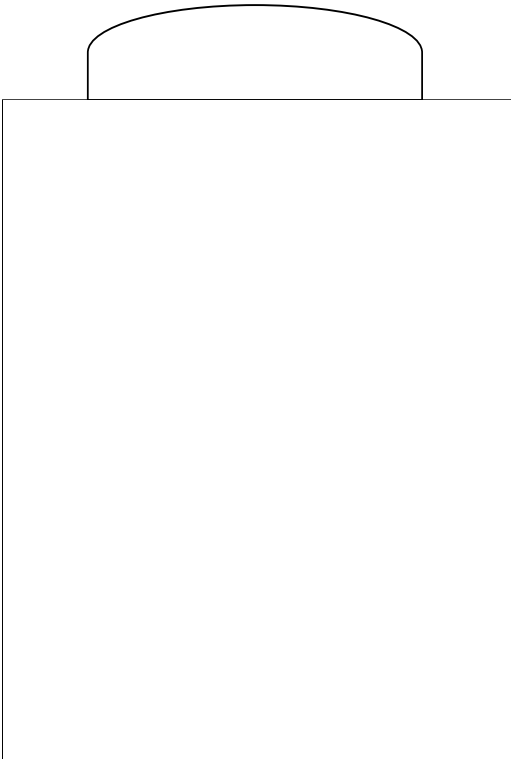
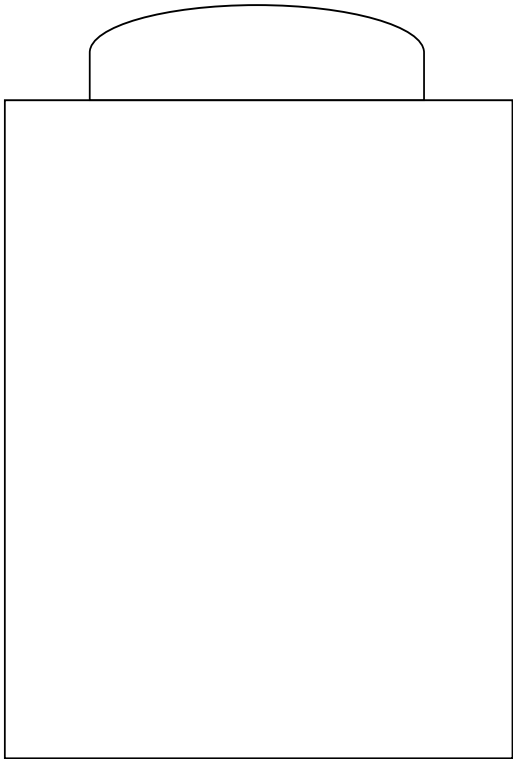
Bus #

Driver:

School System

Date:

Attendant/Nurse:



Front Door Evacuation Description

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Back Door Evacuation Description

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Emergency Evacuation Drill (First Semester)

Federal Guideline 17 calls for school bus emergency evacuation drills to be conducted at least twice annually. Ideally, one drill should be done early in the fall and the other drill early in the spring. All students who are transported in a school vehicle should participate in the drills including those who may only ride buses for extracurricular activities.

This form should be completed after an evacuation drill and submitted to the transportation supervisor. However, individual school system reporting procedures may vary.

School System: _____ Date: _____

School: _____ Bus #: _____

Driver: _____ Sponsor: _____

TYPE OF EVACUATION CONDUCTED: Time Required For Evacuation In Seconds _____

_____ Front Door Evacuation _____ Rear Door Evacuation _____ Front and Rear Door Evacuation

PROCEDURES:

_____ Driver activated hazard lights and set parking brake. _____ Driver turned engine off.
_____ Driver placed radio microphone outside the driver window. _____ Passengers were instructed in proper safety procedures and where to go.
_____ Passengers left bus in an orderly and safe fashion with _____ Passengers were located at least 100 feet from the bus. assistance of driver.
_____ Driver checked bus to ensure all passengers were off the bus. _____ Student Roster (Driver should take student roster.) the bus.

Driver Signature: _____ Sponsor Signature: _____
(If extracurricular trip)

Comments: _____

Emergency Evacuation Drill (Second Semester)

Federal Guideline 17 calls for school bus emergency evacuation drills to be conducted at least twice annually. Ideally, one drill should be done early in the fall and the other drill early in the spring. All students who are transported in a school vehicle should participate in the drills including those who may only ride buses for extracurricular activities.

This form should be completed after an evacuation drill and submitted to the transportation supervisor. However, individual school system reporting procedures may vary.

School System: _____ Date: _____

School: _____ Bus #: _____

Driver: _____ Sponsor: _____

TYPE OF EVACUATION CONDUCTED: Time Required For Evacuation In Seconds _____

_____ Front Door Evacuation _____ Rear Door Evacuation _____ Front and Rear Door Evacuation

PROCEDURES:

_____ Driver activated hazard lights and set parking brake. _____ Driver turned engine off.
_____ Driver placed radio microphone outside the driver window. _____ Passengers were instructed in proper safety procedures and where to go.
_____ Passengers left bus in an orderly and safe fashion with _____ Passengers were located at least 100 feet from the bus. assistance of driver.
_____ Driver checked bus to ensure all passengers were off the bus. _____ Student Roster (Driver should take student roster.) the bus.

Driver Signature: _____ Sponsor Signature: _____
(If extracurricular trip)

Comments _____

LOADING/UNLOADING/RAILROAD CROSSINGS/BACKING

Rules To Load And Unload Students

1. The driver should NEVER change stops. Unsafe situations should be reported to the supervisor.
2. Students should load or unload ONLY at their school or designated stop.
3. Stops should be visible at least 500 feet in both directions.
4. Stops should be at least 100 feet from railroad tracks and intersections.
5. Stops on interstate highways are prohibited.
6. Students should NOT cross a median or divided highway.
7. Students should wait on the side of the road on which they live.
8. Students should cross the street 10 feet in FRONT of the bus - NEVER behind the bus.
9. STOPS should always be in the RIGHT, OUTSIDE LANE, NEVER in the left lane (NEVER in a TURN LANE and NEVER WITH A TURN LANE TO THE RIGHT OF BUS).
10. Normally, students are safer ON the bus when the bus is backing.
11. During the loading and unloading process, the driver should COUNT the students and move the bus ONLY after ALL students are safely on the side of the road on which they live or in their seats. Be alert for students' apparel or carry-on items being caught on the bus handrail, door, door handle, etc.
12. All students who live on the left side of the road should exit first and cross in single file.

Student Loading/Unloading Procedures

1. Check traffic, weather and road conditions to determine a safe distance needed to warn traffic of an upcoming stop.
2. Activate yellow warning lights a safe distance (at least 300 feet in rural areas and 100 feet in urban areas).
3. Stop 10 feet before loading or unloading area:
 - a. Activate red flashing lights and stop sign.
 - b. Apply parking brake and check traffic.
 - c. Open door immediately.
4. Students should load in an orderly fashion after the bus stops, all traffic stops and the bus driver signals them to load.
5. Students should be seated before the bus moves.
6. Before moving the bus, the driver must:
 - a. Release parking brake.
 - b. Check all mirrors, especially front crossover and side mirrors.
 - c. Deactivate red flashing lights and stop sign.

IMITATION RULE

- * Except for specific situations defined in AL CODE 32 (ACT #2006-311), when your bus is approaching or following another bus that is loading or unloading, you should mirror the other bus' procedures. If there is any traffic between you and the other bus use hazard lights only.
- * Be alert for student apparel and book bags being caught on the bus handrail, door, door handle, etc.
- * Never move the bus with the door open or cracked.

Safety Procedures at Railroad Crossings

1. Check traffic and activate hazard lights approximately 500 feet from the crossing.
2. Open the window.
3. Shut down all noise heater/defroster, radios, students, etc. (not the engine).
4. Stop no closer than 15 feet nor farther away than 50 feet from the nearest rail.
5. Engage the parking brake.
6. Open the door.
7. Look and listen for the train.
8. If a train is seen or heard approaching, close the door and wait for the train to pass. After the train passes, open the door and check for another train then proceed with caution when clear.
9. If no train is present, close the door, release the parking brake, and proceed with caution only after you have determined that no train is approaching. Continue to check both directions while crossing the tracks.
10. Deactivate the hazard lights and resume normal operations after crossing the tracks.

Backing Procedure

NEVER BACK UNLESS ABSOLUTELY NECESSARY!

NEVER BACK WITH STUDENTS ON THE GROUND!

If you must back, follow these procedures:

1. Helper seated in back seat of bus.
2. Hazard lights.
3. Horn.
4. Check all mirrors constantly and over both shoulders.
5. Back slowly and no farther than necessary.

SPECIAL NEEDS SEATING CHART

BUS # _____

Designate Lift Location (➡) and Wheelchair Stations (☒)

(Front of Bus)

	Row 1	
	Row 2	
	Row 3	
	Row 4	
	Row 5	
	Row 6	
	Row 7	

Back of Bus