

School Bus Driver's Name: _____
 School Bus Driver Employer: _____
 Date of School Bus Accident: _____
 School Bus Accident Cause: _____
 School District Holding File: _____
 Certified Driver Trainer Name: _____

This training paperwork is to be completed for drivers needing re-training after being involved in a at-fault accident. Trainers will complete the fom below tracking hours trained based on areas they determine to focus on based on accident. Driver Seating/Mirror Placement and Driving with Students are mandatory sections. Max Reimbursement 12 hours.

Driver Seating/Mirror Placement (Required must complete with trainer all Driver/Seating Mirror Placement)					
Topic	Date(s)	Hours	Topic	Date(s)	Hours
Driver Seat Adjustment			Steering Wheel Adjustment		
Mirror Adjustment			Danger Zone/Mirrors		

Range Training Techniques (Select skills required to work on mirror usage and basic positioning skills.)					
Topic	Date(s)	Hours	Topic	Date(s)	Hours
Forward Stop			Reverse Offset Backing		
Straightline Backing			Forward Offset Tracking		
Alley Dock			Tailswing		
Parallel Parking					

On Road Training Techniques (Select skills required without students on board.)					
Topic	Date	Hours	Topic	Date(s)	Hours
Visual Search			Entry/Exit Highways		
Right Turns			Communication/Signaling		
Left Turns			Space/Speed Management		
Lane Changes			Hazard Perception		
Curves at Highway Speed			Railroad Crossings		
Entry/Exit Highways			Loading/.Unloading		
Braking/Stopping			Navigating Parked Vehicles		
Lane Positioning			Intersection Management		

On Road Training with Students (Required to observe driver complete route with students)					
Topic	Date(s)	Hours	Topic	Date(s)	Hours
Driving Manuvers			Crossing Students		
Loading Students			Railroad Crossing		
Unloading Students			Student Management		

Final Date Trained

Total Hours Trained

On Road Training with Students Bus Information: (Required)

Bus Number: _____

Bus Serves District/Schools _____

Route Information: Start Time: _____ End Time: _____

Circle Bus Capacity Size 48 54 60 66 72 84

Circle Brake Type: Air Hydraulic

Overall Comments(Required): _____**Required Signatures (School Bus Driver Retrainee & Retrainee Employers)**_____
School Bus Driver Retrainee Signature_____
Retrainee Employer Signature**Required Certification Signature (CDSBDT)**

This is to certify that the School Bus Driver Retrainee has shown proficiency in completing post-accident retraining under my supervision. I certify this re-trainee as proficient and ready to complete their daily duty of transporting students to and from school safely.

Certified Delaware School Bus Driver Trainer Signature_____
Date**Required Signature (District Transportation Supervisor)**

This is to certify that the school bus driver applicant has completed training with a authorized CDSBDT and all required section paperwork is complete and submitted to the district.

District Transportation Supervisor Signature_____
Date