

BUS ROUTE CHECK RIDE

Name _____

Date _____

License # _____

Exp. Date _____

School Bus Certificate Exp. Date _____

First Aid Exp. Date _____

_____ Updated route sheet in Teachers office & on bus

_____ Pre Trip inspection

_____ Seatbelt use

_____ Obeys traffic laws

_____ Caution

_____ Concentration

_____ Courtesy

_____ Appropriate interaction with Monitor

_____ Lane use and position

_____ Signal use

_____ Mirror use

_____ Following Distance

_____ Speed

_____ Steering

_____ Braking

_____ Approach to stop

_____ Safety Lights

_____ Off road way stops

_____ Railroad Crossings

_____ Signal Use at RxR Crossings

_____ Mirror Use at RxR Crossings

_____ Look and listen

_____ Right of Way

_____ Left Turn

_____ Right Turn

_____ Parking Maneuvers

_____ Positive methods of correction

_____ Obtain written permission to release child at stop other than it's own.

_____ All children in age/weight appropriate restraint system and restraints are monitored

_____ Interaction with parents appropriate to help establish trust

_____ Inside bus kept relatively clean

_____ Outside of bus clean

_____ Evacuation drills once a month

_____ Current emergency forms

I like how...

Improvement needed...

Bus Drivers Signature

Date

Supervisors Signature

Date