



School Bus Operator Training and Certification Program

Training Manual



West Virginia DEPARTMENT OF
EDUCATION



West Virginia Board of Education
2021-2022

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MISSION STATEMENT

The West Virginia Department of Education (WVDE) School Bus Operator Training Program is designed to provide certified, well trained and highly qualified school bus operators for all counties and agencies throughout West Virginia, meeting all the requirements of the WVDE, the West Virginia Board of Education (WVBE), the West Virginia Division of Motor Vehicles (DMV) and the Federal Motor Carriers Safety Administration (FMCSA).

PURPOSE

The purpose of this manual is to provide a thorough, efficient and systematic approach to the entire training and certification process for new school bus operators as set forth in WVBE Policy 4336.

DEFINITIONS

- Education Services Cooperative (ESC): third party contractor
- Co-op: two or more counties working jointly
- County: single county working independently
- Knowledge Exam: certification test either in written form or on-line
- Skills Exam: hands on and behind the wheel
- Physical Performance Exam: physical ability to perform assigned tasks outlined in Appendix J.
- Department of Transportation: DOT
- ELDT – Entry Level Driver Training

PROCEDURES

- 1. RESPONSIBILITIES OF A COUNTY OR AN AGENCY WORKING INDEPENDENTLY**
 - Adhere to all applicable WVDE policies and procedures.
 - Advertise and accept applications for school bus operators.
 - Screen and interview prospective school bus operator candidates.
 - Choose candidates for the training program.
 - Provide support, facilities and equipment to the trainers and examiners.
 - Provide access to School Training Solutions for the trainee.
 - Schedule CPR and First-Aid certification provided by a program approved by the State Director.

- Schedule the FBI and CIB background checks.
- Send the completed Form 7 and WVDE Application for Bus Operator Certification to the WVDE, Office of School Facilities & Transportation.
 - ✓ If a criminal history is disclosed, you will be informed via email from the WVDE, and you must call our office for details before continuing with training.
- Submit information for the driver's records check to the DMV.
- Schedule DOT pre-employment drug screening.
- Once the DOT pre-employment drug test has been administered to the applicant, the applicant must be placed in the random drug pool.
- Schedule the physical exam with a medical examiner that is on the FMCSA Registry.
- Create and maintain a file of all required documentation for certification.
- Verify that an applicant possesses a current Commercial Driver's License (CDL) license or an instructional permit with the appropriate endorsements or obtains them prior to beginning the "behind the wheel" training.
- Establish dates, times and location of training classes with trainers.
- Disseminate all training updates provided by the WVDE to all trainers and examiners in a timely manner.
- Provide Appendix G to the trainers.
- Assist trainers in the completion of forms and instructions.
- All training for trainees must be provided by a certified trainer.
- Schedule a certified trainer or a supervisor of the transportation department to proctor the online certification examination. The candidate who fails the online examination may retake it three (3) times, if necessary, during a twelve (12) month period at the discretion of the county or agency seeking to employ him or her.
- Monitor the training. When the trainee reaches 40 hours of classroom training and 12 hours of behind the wheel training, the employing county, with consultation from the trainer shall determine if additional hours are necessary to complete the training
- Verify that all requirements for certification are met before scheduling examination. (*Appendix F – Check List for Certification of School Bus Operator*)
- All time sheets shall be approved by the county transportation director.
- All training documents shall be provided electronically to a member of the WVDE transportation staff prior to any exam being administered. The county/agency and the examiner shall coordinate the place and time for the exam to be administered. The WVDE staff member shall be notified of the time and place of the exam.
- Contract with an ESC to provide skills testing.
- Should a candidate fail any portion of the skills or performance tests, the remainder of the test(s) shall not be administered. The skills and performance tests shall be administered to a candidate no more than three times annually and only after consultation with a WVDE Representative. The request for re-testing shall be in writing (email is considered acceptable). Candidates must wait five days prior to being retested and must receive documented additional training in the areas of failure. The entire test shall

be re-administered.

- **All retests shall be conducted by a WVDE School Bus Inspector.**
- Provide payment to the agency providing the exam for driver certification.
- Maintain an accurate record of training costs for each trainee.
- Maintain all final records of each school bus operator trainee in the transportation office.

2. **RESPONSIBILITIES OF A COUNTY OR AGENCY WORKING WITH AN ESC OR A CO-OP**

- Adhere to all applicable WVDE policies and procedures.
- Advertise and accept applications for school bus operators.
- Screen and interview prospective school bus operator candidates.
- Choose candidates for the training program.
- Complete New School Bus Operator Request for Training and Release of Information form (Appendix A).
- Provide support, facilities and equipment to the trainers and examiners.
- Provide access to School Training Solutions for the trainee.
- Schedule CPR and First Aid certification provided by a program approved by the State Director.
- Schedule FBI and CIB background checks.
- Send Form 7 (Appendix B) and WVDE Application for Bus Operator Certification (Appendix C) to WVDE.
 - ✓ If a criminal history is disclosed, you will be informed via email from the WVDE, and you must call our office for details before continuing with training.
- Submit information for the driver's records check to the DMV.
- Schedule DOT Pre-employment Drug screening.
- Once the applicant has been administered the DOT pre-employment drug test, they must be placed in the random drug pool.
- Schedule the physical exam with a medical examiner that is on the FMCSA Registry.
- All training for trainees must be provided by a certified trainer.
- Schedule a certified trainer or a supervisor of the transportation department to proctor the online certification examination. The candidate who fails the online examination may retake it three (3) times, if necessary, during a twelve (12) month period at the discretion of the county or agency seeking to employ him or her.
- Cooperate with the ESC/Co-Op for training and testing.
- Monitor the training. When the trainee reaches 40 hours of classroom training and 12 hours of behind the wheel training, the employing county, with consultation from the trainer shall determine if additional hours are necessary to complete the training.
- Verify that all requirements for certification are met before scheduling examination. (*Appendix F – Check List for Certification of School Bus Operator*)
- All time sheets shall be approved by the county transportation director.
- All training documents shall be provided electronically to a member of the WVDE transportation staff prior to any exam being administered. The county/agency and the examiner shall coordinate the place and time for the exam to be administered. The WVDE staff member shall be notified of

the time and place of the exam.

- Notify the WVDE School Bus Inspectors in a timely manner of the time, date and location of skills examinations.
- Request must be in writing (email is considered acceptable) for **all** skills re-testing.
- Maintain all final records of each school bus operator trainee in the transportation office.
- Should a candidate fail any portion of the skills or performance tests, the remainder of the test(s) shall not be administered. The skills and performance tests shall be administered to a candidate no more than three times annually and only after consultation with a WVDE Representative. The request for re-testing shall be in writing (email is considered acceptable). Candidates must wait five days prior to being retested and must receive documented additional training in the areas of failure. The entire test shall be re-administered.
- **All retests shall be conducted by a WVDE School Bus Inspector.**

3. RESPONSIBILITIES OF THE ESC OR CO-OP

- Adhere to all applicable WVDE policies and procedures.
- Hire WVDE certified trainers and examiners.
- Maintain an adequate number of trainers and examiners.
- Disseminate all training updates provided by the WVDE to all trainers and examiners in a timely manner.
- All time sheets submitted by trainers must be reviewed and approved to assure that the time sheet matches the training hours claimed on the verification form including any “additional” hours.
- All time sheets shall be approved by the county transportation director.
- Schedule a certified trainer to proctor the online certification examination. The candidate who fails the online examination may retake it three (3) times, if necessary, during a twelve (12) month period at the discretion of the county or institution seeking to employ him or her.
- Schedule dates and times and locations for training sessions.
- Monitor the training. When the trainee reaches 40 hours of classroom training and 12 hours of behind the wheel training, the employing county, with consultation from the trainer shall determine if additional hours are necessary to complete the training.
- At least annually (by June 30th) or upon request, provide the WVDE the number of applicants placed in classes, classroom hours, “behind the wheel” hours, number of bus operators certified and number of failures.
- Verify that all requirements for certification are met before scheduling examination. (*Appendix F – Check List for Certification of School Bus Operator*)
- All training documents shall be provided electronically to a member of the WVDE transportations staff prior to any exam being administered. The county and the examiner shall coordinate the place and time for the exam to be administered.
- Notify the WVDE School Bus Inspectors in a timely manner of the time, date and location of skills examinations.

- Consideration should be given to the location of trainers and examiners when assignments are made to assure that travel costs will be minimized.
- Should a candidate fail any portion of the skills or performance tests, the remainder of the test(s) shall not be administered. The skills and performance tests shall be administered to a candidate no more than three times annually and only after consultation with a WVDE Representative. The request for re-testing shall be in writing (email is considered acceptable). Candidates must wait five days prior to being retested and must receive documented additional training in the areas of failure. The entire test shall be re-administered.
- **All retests shall be conducted by a WVDE School Bus Inspector.**

4. RESPONSIBILITIES OF THE APPLICANT/TRAINEE

- Adhere to all applicable WVDE policies and procedures.
- Apply and be interviewed at the employing agency.
- Complete and return forms to employing agency:
 - ✓ A signed New School Bus Operator Request for Training form (*Appendix A*)
 - ✓ Form 7(*Appendix B*)
 - ✓ Form 126CSR99/Application for Bus Operator Certification (*Appendix C*)
 - ✓ DMV-101-PS2 (*Appendix D*)(If the trainee was licensed in another state within the past three years, then they must provide a driving record from that state)
 - ✓ Signed Training Disclaimer (*Appendix R*)
- Be available to obtain:
 - ✓ Department of Transportation (DOT) Physical
 - ✓ Drug and Alcohol Testing, per FMCSA regulations.
 - ✓ Fingerprinting for criminal background check
- Report to all scheduled training sessions on time.
- Complete all required classroom training.
- Apply for CDL permit with Passenger(P) and School Bus (S) endorsements.
- Successfully complete all behind the wheel training sessions with Certified Trainer.
- Provide the Trainer and the employing agency a copy of a minimum class B CDL permit with P endorsement.
- Schedule and successfully complete the on-road skills examination with the WV DMV CDL Examiner.
- Successfully complete the WV School Bus Operator Certification Exam.
- Provide a copy of CDL with P and S endorsements to employing agency.
- Schedule and successfully complete the WV School Bus Operator On-Road Skills Exam.
- Complete and submit all training verification forms.
- Complete the Bus Operator Training Class Evaluation form (*Appendix P*).

5. RESPONSIBILITIES OF THE TRAINER

- Adhere to all applicable WVDE policies and procedures.
- Provide Training Disclaimer form to trainee at onset of training. (*Appendix R*)
- Instruct the course in accordance with WVDE Policy 4336. All training shall provide the necessary information for successful school bus operator certification. Additional training by the employing agency may be necessary to cover any relevant county policies and procedures.
- Notify the WVDE School Bus Inspector of the time, date and location of initial training class.
- Follow the prescribed training outline provided in *Appendix G*.
- Monitor the training hours. When the trainee reaches 40 hours of classroom training and 12 hours of behind the wheel training, the employing county, with consultation from the trainer shall determine if additional hours are necessary to complete the training.
- Maintain current trainer certification.
- Must be available to conduct training expeditiously. A realistic goal is 10 to 12 weeks to complete the training.
- The trainer must take an active role in all training sessions.
- Submit all documentation, including time and travel forms, to the employing agency as required.
- Complete Daily Training Documentation Form (*Appendix G, third page*)
- Ensure the Classroom and Behind the Wheel Verification and ELDT (*Appendix Q*) forms are properly filled out prior to being submitted to the employing agency (*Appendix G, N and Q*)
- Ensure the Behind the Wheel Training does not begin until a negative pre-employment drug test per FMCSA requirements has been verified.
- Schedule behind the wheel training.
- Ensure that the trainee has in their possession a minimum class B CDL permit with P endorsement before each driving session.
- Schedule test with WV CDL examiner.
- Schedule and proctor the WVDE School Bus Operator Certification examination.
- Obtain approval from the employing agency and jointly schedule the bus operator skills examination.
- Provide additional training if necessary.

6. RESPONSIBILITIES OF THE EXAMINER

Note: (*Appendix J & L*).

- Physical Performance examination must be performed in the largest type C bus in the county/agency's fleet.
- The Skills examination must be performed in the largest bus in the county/agency's fleet
 - Contact your WVDE school bus inspector for guidance concerning any questions.
 - Adhere to all applicable WVDE policies and procedures.
 - Maintain current trainer/examiner certifications.
 - Be available for examinations.
- It is not permissible for an examiner to administer exam to:

- a trainee to whom he/she is related
- a trainee to whom he/she has provided training in preparation for the exam, or
- a trainee in the same county in which examiner works.
- The examiner will not administer tests until all documentation has been approved by a member of the WVDE staff.
- Schedule certification exam with trainee after approval has been granted.
- Complete required forms and submit to county transportation director/designee.
 - School Bus Operator Examination for Certification (*Appendix O*)
 - School Bus Operator Physical Performance Exam (*Appendix K*)
 - WVDE Behind the Wheel Skills Exam (*Appendix M*)
- Submit required forms to the employing agency.

7. RESPONSIBILITIES OF THE WVDE

- Provide a liaison to coordinate the statewide training program.
- Provide guidance relative to policy 4336.
- Provide guidelines for curriculum and instruction.
- Provide guidelines for the physical performance, skills and knowledge exams.
- Provide instruction and certification for trainers and examiners.
- Provide results for criminal background checks to the county.
- Issue school bus operators' certification cards based on information received from counties.
- Review all training documents electronically for approval, prior to any exam being administered.
- Administer all retests.
- Schedule periodic meetings with trainers, examiners and transportation directors to assure that all training is consistent.
- Monitor trainers and examiners to assure that quality training and fair and consistent exams are administered.
- Regularly communicate with ESC/county contacts to ensure consistent management of the program.

School Bus Operator Applicant Request for Training and Release of Information

Date		County	
Applicant Full Name, including suffix (ex. Jr., Sr.)		Trainer	
Address			
City		State/Zip	
Home Phone		Cell Phone	
Email		Class Start Date	

The county school system indicated above has interviewed and chosen the applicant as a viable candidate for bus operator training.

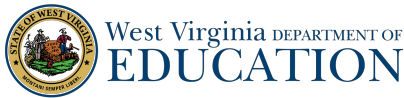
County Transportation Director Signature _____

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The applicant indicated above releases the following information required for pre-employment evaluations pertaining to bus operator training/certification to the ESC, co-op or employing agency:

- \_\_\_\_\_ DMV Record Check
- \_\_\_\_\_ Medical Examination Report Form (DOT Physical Examination)
- \_\_\_\_\_ Urine Drug Screen (Modality FMCSA)
- \_\_\_\_\_ CIB/FBI Results

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Rev202008

West Virginia Dept of Education
Office of School Operations
1900 Kanawha Boulevard, East
Building 6, Suite 650
Charleston, WV 25305

Form 7—Release of Information

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Consent Agreement

For Purposes of Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I certify that this is for official business and I am authorizing the WVDE to obtain any record found. I hereby authorize any representative of the WVDE bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the WVDE. Consent is granted for the WVDE to furnish such information as is described above, to third parties in the course of the WVDE fulfilling its official responsibilities with regard to my application for certification. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Printed Full Legal Name

Current Address

Signature

Date

Release of Information to County Board of Education

[X] Check this box to release the results of the WV State Police criminal history background check to a county board of education for purposes of employment.

I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and within ninety (90) days of the State Police fingerprint analysis that the results of said analysis may be provided to a county board of education with which I am applying for employment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for employment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.

APPLICANT INITIAL HERE:

County Request for Criminal Identification Bureau Results

\_\_\_\_\_ County Board of Education is requesting that the results from the CIB be forwarded to this office if the applicant has undergone a background check for initial licensure within the last ninety (90) days and has consented to their release.

Name of Individual

Social Security Number

Signature of Superintendent OR ESC Coordinator

Date

Verification of Notary Public

West Virginia

State

County

Taken, Subscribed and Sworn Before Me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires \_\_\_\_\_.

Signature of Notary Public

Requirement

According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.

126CSR99

**West Virginia Department of Education**  
**Application for Bus Operator Certification**

Instructions for applicant: Submit this application to the County Transportation Director  
 Instructions for County Transportation Director: Submit this application with a (Form 7) Release of Information form to the WVDE in order to receive FBI/WVSP reports for applicant.

|                  |                        |                             |          |
|------------------|------------------------|-----------------------------|----------|
| Last Name        | First Name             | Middle Name                 |          |
| Address          | City                   | State                       | Zip Code |
| Telephone Number | Cell Phone Number      | Email Address               |          |
| Date of Birth    | Social Security Number | Operator/CDL License Number |          |

**Employment History**

|                           |                                |                    |
|---------------------------|--------------------------------|--------------------|
| Employer Name and Address | Date of Employment (From / To) | Reason for Leaving |
| Employer Name and Address | Date of Employment (From / To) | Reason for Leaving |
| Employer Name and Address | Date of Employment (From / To) | Reason for Leaving |
| Employer Name and Address | Date of Employment (From / To) | Reason for Leaving |

Do you have a High School Diploma or a GED?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a current CDL License? If so, list the state.  
 YES \_\_\_\_\_ NO \_\_\_\_\_ STATE \_\_\_\_\_

Do you currently have a valid operator license? If so, list the state.  
 YES \_\_\_\_\_ NO \_\_\_\_\_ STATE \_\_\_\_\_

**LIST ALL TRAFFIC VIOLATIONS WITHIN PAST FIVE (5) YEARS**

ALL moving violations must be reported. This includes: **charges or convictions** of driving while intoxicated (DWI), driving under the influence of alcohol or drugs (DUI) and reckless driving.

|           |          |      |
|-----------|----------|------|
| Violation | Location | Date |
| Violation | Location | Date |
| Violation | Location | Date |
| Violation | Location | Date |
| Violation | Location | Date |

\*Attach additional sheets if necessary

**DISCLOSURE OF BACKGROUND INFORMATION**

\*If you answer "YES" to any question below, submit a detailed explanation of incident and include dates, locations, school systems and any other pertinent information.

|                                                                                                                                                                                                                                                                                           |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever had adverse action taken against any application, certification or license in any state, including operator or commercial driver's license? Adverse action includes: letters of warning, reprimand, denial, suspension, revocation, voluntary surrender or cancellation. | YES | NO |
| 2. Have you ever been disciplined, reprimanded, suspended or discharged from any employment because of allegations of misconduct?                                                                                                                                                         | YES | NO |
| 3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?                                                                                                                                                           | YES | NO |
| 4. Is any action now pending against you for alleged misconduct in any school district, court or before any educator licensing agency?                                                                                                                                                    | YES | NO |
| 5. Have you ever been charged of, arrested for or under indictment for a felony?*                                                                                                                                                                                                         | YES | NO |
| 6. Have you ever been charged with or arrested for a misdemeanor?*                                                                                                                                                                                                                        | YES | NO |
| **For a YES response to questions #5 and/or #6, the following must be included with this application: 1) Judgment Order OR 2) Final Order OR 3) Magistrate Court Documentation AND 4) all other relevant documentation.                                                                   |     |    |

*I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions of fact in or with this application are grounds for denial, suspension or revocation of the certification (s) or license(s) that I am seeking or currently hold.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Division of Motor Vehicles

## Driving Record Release Authorization



Call: (304) 926-3952 Fax: (304) 957-7584

Email: DMVDrivingRecordFax@wv.gov

**NOTE:** Complete this form if you are requesting DMV to release your driving record to anyone other than yourself. This form must be submitted to the DMV Driving Records Section in the Kanawha City DMV Headquarters and cannot be processed in any DMV Regional Office.

I, \_\_\_\_\_  
PLEASE PRINT YOUR NAME

**(X)** \_\_\_\_\_  
PLEASE SIGN YOUR NAME

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

\_\_\_\_\_  
INDIVIDUAL NAME AND/OR COMPANY NAME IF APPLICABLE

Those requesting information must complete the **request for driving records form** (DMV-101-PS1) and **this form** (DMV-101-PS2), or the request will not be processed. The individual to whom the information is being released must include a copy of their state government issued ID or driver's license.

### PLEASE CHECK THE APPROPRIATE FEES

- \$7.50** - Driving record with driver's license number
- \$8.50** - Driving record without driver's license number
- \$7.50** - Message forwarding service
- \$.25 per page** - Copy of suspension/revocation/disqualification file

### PLEASE CHECK THE APPROPRIATE ADMINISTRATIVE HEARING DOCUMENT FEES

- \$30.00** - Copy of recorded testimony in CD format
- \$1.50 per page** - Copy of transcript of hearing
- \$.25 per page** - Copy of suspension/revocation/disqualification file



# Division of Motor Vehicles

## Request for Driving Record



Call: (304) 926-3952 Fax: (304) 957-7584

Email: DMVDrivingRecordFax@wv.gov

**NOTE:** In addition to this form, please complete form DMV-101-PS2 (Driving Record Release Authorization) if you are requesting your driving record be released to anyone other than yourself. These forms must be submitted to the DMV Driving Records Section in the Kanawha City DMV Headquarters and cannot be processed in any DMV Regional Office.

This form may be used for multiple requests and a fee of **\$7.50 per name** must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning 1-800-642-9066. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the Social Security number and/or date of birth with an additional \$1.00 fee. **All fees are non-refundable.**

Driving Record Requesting:  Five Year  Lifetime (for CDL, State Bar or Law Enforcement Background)  Certified (State Seal)

| Driver's License Number | Name | Social Security Number | Date of Birth |
|-------------------------|------|------------------------|---------------|
|                         |      |                        |               |
|                         |      |                        |               |
|                         |      |                        |               |
|                         |      |                        |               |
|                         |      |                        |               |

Please return requested records to the following address:

PLEASE PRINT COMPANY NAME, IF APPLICABLE

TELEPHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

**Any person may request their own driving record at any DMV regional office. You must provide your state government issued ID or driver's license for proof of identification.**

All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attach form DMV-101-PS-2) unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (§17-A-2A-1 et seq.). **Each request form submitted must include a copy of the requestor's valid state government issued ID or driver's license.** If you do not meet these requirements, your reasons will be reviewed, and, if accepted, you will receive a driving record that excludes all personal information from the record.

**Any person who knowingly or willfully obtains information under false pretenses will be in violation of state and federal law, and, if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purposes stated above.**

**(X)** \_\_\_\_\_  
SIGNATURE OF REQUESTOR

OFFICE USE ONLY  
ID VERIFIED BY: \_\_\_\_\_

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This service has a non-refundable fee of \$5.00. The DMV does not guarantee a delivery or response.

Any request for a driving record other than the individual's own, must be submitted to the WV-DMV at the address listed below. DMV Regional offices are prohibited from dispensing driving records to anyone requesting another individual's records.

**Before mailing, be sure you've included a completed DMV-101-PS1 form, applicable fees, a copy of driver's license or photo ID, and, if applicable, a completed DMV-101-PS2 form. For employers and attorneys, a letterhead explanation must also be included.**

**Please mail your request to:**

**WV Division of Motor Vehicles  
Driving Records**  
PO Box 17020  
Charleston, WV 25317

**Fax | (304) 957-7584**  
**Email | DMVDrivingRecordFax@wv.gov**  
**Call | (304) 926-3952**

**Certification of School Bus Operator Check List**

1. Physical must be checked for the following
  - a. \_\_\_ Meets all qualifications set forth in Policy 4336, Section 19
  - b. \_\_\_ **Completely** filled out and signed
  - c. \_\_\_ Date (not more than 6 months)
  - d. \_\_\_ Name (correct spelling)
  
2. Drug Test
  - a. \_\_\_ Name (correct spelling)
  - b. \_\_\_ Date
  - c. \_\_\_ Must reflect negative results
  - d. \_\_\_ Must state FMCSA Pre-Employment
  
3. DMV Records Check
  - a. \_\_\_ Name (correct spelling)
  - b. \_\_\_ Date
  - c. \_\_\_ Not to exceed 5 points
  - d. \_\_\_ Must designate a 5-year record if available
  - e. \_\_\_ License must be valid
  
4. CIB/FBI
  - a. \_\_\_ Name (correct spelling)
  - b. \_\_\_ Any criminal record disclosed must be cleared by the WVDE before the test can be administered.
  
5. First/CPR
  - a. \_\_\_ Name (correct spelling)
  - b. \_\_\_ Date must be valid
  
6. Copy of CDL Licenses
  - a. \_\_\_ Name (correct spelling)
  - b. \_\_\_ Date (must be valid)
  - c. \_\_\_ Class A or B
  - d. \_\_\_ Endorsements (P & S)
  
7. Certificate of completion of online certification
  - a. \_\_\_ Name (correct spelling)
  - b. \_\_\_ Correct date
  
8. Forms verifying all required training time (Classroom/Behind the Wheel)
  - a. \_\_\_ Name (spelled correctly)
  - b. \_\_\_ Initials and signature (Applicant & Trainer)
  
9. Certification Form
  - a. \_\_\_ Required signatures

Trainee's Name \_\_\_\_\_

**West Virginia Department of Education  
Classroom Verification Form for Classroom Training Including P and S  
Endorsements or School Training Solutions Online Program**

| Training Required                          | Minimum Credit Hours | Clock Hours | Trainer's Initials | Trainee's Initials | Date Completed |
|--------------------------------------------|----------------------|-------------|--------------------|--------------------|----------------|
| Accidents & Emergencies                    | 1 Hour               |             |                    |                    |                |
| Blind Spots/Danger Zones & Mirrors         | 1 Hour               |             |                    |                    |                |
| Emergency Evacuation                       | 1 Hour               |             |                    |                    |                |
| Controlling the School Buses               | 2 Hours              |             |                    |                    |                |
| Detecting Hazards                          | 1 Hour               |             |                    |                    |                |
| Emergency Driving Techniques               | 1 Hour               |             |                    |                    |                |
| Field Trips                                | 1 Hour               |             |                    |                    |                |
| Loading Unloading Procedures               | 1 Hour               |             |                    |                    |                |
| Passenger Control                          | 1 Hour               |             |                    |                    |                |
| Pre-Trip Inspection                        | 1 Hour               |             |                    |                    |                |
| Railroad Highway Crossing                  | 1 Hour               |             |                    |                    |                |
| School Bus Operator Roles Responsibilities | 1 Hour               |             |                    |                    |                |
| <b>Total Hours</b>                         |                      |             |                    |                    |                |

| Additional Training Required                    | Minimum Credit Hours | Clock Hours | Trainer's Initials | Trainee's Initials | Date Completed |
|-------------------------------------------------|----------------------|-------------|--------------------|--------------------|----------------|
| Special Needs Per Policy 4336                   | 6 Hours              |             |                    |                    |                |
| Policies 4373 and 5902 2525                     | 2 Hours              |             |                    |                    |                |
| School Bus Transportation Policies & Procedures | 2.5 Hours            |             |                    |                    |                |
| First Aid (with certified provider)             | 3 Hours              |             |                    |                    |                |
| CPR (with certified provider)                   | 3 Hours              |             |                    |                    |                |
| Chain Installation                              | 1 Hour               |             |                    |                    |                |
| Basic Fire Extinguisher Training                | .5 Hour              |             |                    |                    |                |
| Hands-On Mirror Grid                            | 1 Hour               |             |                    |                    |                |
| Total Hours                                     |                      |             |                    |                    |                |
| Final Exam Score (80% or more)                  |                      |             |                    |                    |                |

---

I, the trainer, certify that the trainee has received the minimum required training listed above.

Sign and Print Name \_\_\_\_\_

---

I, the trainee, certify that I have received the minimum required training above.

Sign and Print Name \_\_\_\_\_

Rev. 4/2022



Trainees Name \_\_\_\_\_

**West Virginia Department of Education  
Additional Training Verification Form**

| List Additional Training      | Clock Hours | Trainer's Initials | Trainee's Initials | Date Completed |
|-------------------------------|-------------|--------------------|--------------------|----------------|
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
|                               |             |                    |                    |                |
| <b>Total Additional Hours</b> |             |                    |                    |                |

I, the trainee, certify that I have received the additional training listed above.

\_\_\_\_\_

**Sign and Print Name**

I, the trainer, certify that the trainee has received the additional training listed above.

\_\_\_\_\_

**Sign and Print Name**

Examiner's Verbal Instructions to Be Given to Driver Trainee Prior to the Skills and Performance Exams

1. Introduce yourself as the examiner.
    - ✓ *Hi, my name is \_\_\_\_\_ and I will be administering the skills and performance exams today.*
    - ✓ *How would you like to be addressed?*
    - ✓ *May I see your driver's license?*
  2. Verify CDL has proper endorsements and certification form and if all is correct, proceed.
    - ✓ *There are two parts to the exam, and each part has specific instructions. Here are the two exams:*
      - *Physical Performance*
      - *Road Skills Exam*
  3. Only give instructions for the exercise that you are testing on.
    - ✓ *We will begin with the Physical Performance.*
- NOTE: Exiting the bus at any time during the exam with the engine running will result in a failure.*
- ✓ *You may ask questions at any time, but once the exam begins, I may not be able to answer them.*
4. Detailed instructions (Appendix J) and testing form (Appendix K) for the Physical Performance exam are included in this document. Read word for word from those instructions.
  5. Once the trainee has successfully completed the Physical Performance exam, you may begin the Road Skills exam.
  6. Detailed instructions for the Road Skills exam (appendix L) and exam form (appendix M) are included in this document. Read word for word from those instructions.

**PHYSICAL PERFORMANCE EXAM INSTRUCTIONS**

(These standards must be performed in the largest type C bus in the fleet)

**Standard #1 – Exiting through emergency door.** You will begin this test in the driver's seat, with your seat belt fastened. You must exit your seat, move down the aisle, and go out the rearmost floor-level emergency exit door. The test has been completed when your feet have touched the ground. There are 20 seconds provided to pass this standard – move at a reasonable speed, don't run and injure yourself. When you exit the bus, don't jump to the ground from a standing position – you could be injured. Instead, "sit and slide": first sit down in the exit door, put your hands on the door sill next to your hips, and carefully push yourself out of the bus to the ground.

**Standard # 2 – Installing tire chain.**

The applicant will have to install one usable tire chain. Starting with the chain in the chain box. The applicant will have 10 minutes to install one chain correctly unassisted, and the chain must be road ready. **(Note: Inform the applicant if the chain is not in usable condition it is their responsibility to recognize this, and if they do, the test will be paused while a usable chain is obtained).**

**Standard #3 – Climb and descend bus steps.**

To meet this standard, you must walk up and down the bus steps three times within 30 seconds. You should use the handrail when walking up and down the bus steps. Proceed up the steps facing forward, turn around at the top, and come down facing forward each time.

**Standard #4 – Move quickly from throttle to brake.**

You will be asked to move your foot from the throttle to the brake and back to the throttle ten times in ten seconds. This is the one standard that you really have to hurry to complete in the allotted time.

**Standard #5 – Repeatedly depress brake pedal.**

This test requires you to depress the brake pedal fully (all the way to the floor) and hold it for three seconds. This must be done five times in a row.

**Standard #6- Roof Hatch:**

To meet this standard, you, the applicant, must take a roof hatch frame, place it over your head and drop it over your shoulders to your feet and step out of it.



| SCHOOL BUS DRIVER PHYSICAL PERFORMANCE EXAM                                                                                                                                                                                                                                                                                                                                                          |                       |                                |                                             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|---------------------------------------------|-----------|
| PRINT DRIVER'S NAME                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                | DRIVER'S SIGNATURE                          |           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                | VEHICLE TYPE<br>SCHOOL BUS                  |           |
| CITY/                                                                                                                                                                                                                                                                                                                                                                                                | STATE/                | COUNTY                         | ZIP CODE                                    |           |
| Enter time for timed standards. If a timed test is not completed enter "DNC" (Did Not Complete.)                                                                                                                                                                                                                                                                                                     |                       |                                |                                             |           |
| STANDARD #1                                                                                                                                                                                                                                                                                                                                                                                          | Emergency Exit        | Time_____                      | (Driver seat and out exit in 20 seconds)    | PASS FAIL |
| STANDARD #2                                                                                                                                                                                                                                                                                                                                                                                          | Installing Tire Chain | Time_____                      | (10 minutes unassisted)                     | PASS FAIL |
| STANDARD #3                                                                                                                                                                                                                                                                                                                                                                                          | Bus Steps             | Time_____                      | (3 trips up & down in 30 seconds)           | PASS FAIL |
| STANDARD #4                                                                                                                                                                                                                                                                                                                                                                                          | Throttle to Brake     | Time_____                      | (10 Throttle to brake cycles in 10 seconds) | PASS FAIL |
| STANDARD #5                                                                                                                                                                                                                                                                                                                                                                                          | Brake                 | (Hold brake 3 seconds 5 times) |                                             | PASS FAIL |
| STANDARD #6                                                                                                                                                                                                                                                                                                                                                                                          | Roof Hatch            |                                |                                             | PASS FAIL |
| In accordance with Policy 4336, WV School Bus Transportation Policy and Procedures Manual, and with knowledge of his/her duties, I certify that the above-named driver (check one):<br><input type="checkbox"/> has passed all 6 standards and <b>IS QUALIFIED</b> by the physical performance standards.<br><input type="checkbox"/> <b>IS NOT QUALIFIED</b> by the physical performance standards. |                       |                                |                                             |           |
| PRINT NAME                                                                                                                                                                                                                                                                                                                                                                                           |                       | SIGNATURE/                     |                                             | DATE      |
| A copy should be placed in the driver's file.                                                                                                                                                                                                                                                                                                                                                        |                       |                                |                                             |           |

Revised 6/24/20

### Examiner's Guide for Road Skills Test

- Always give clear and precise instructions. Make sure the applicant understands the instructions.
- The Skills Examination must be performed in the largest bus in the county's/agency's fleet
- Inform the applicant that all procedures are simulations and should be performed on a parking lot. If this is not possible, it should be performed on a street with very little traffic.
- Make sure that the applicant understands and recognizes the landmarks so there is no confusion as to where the procedure is to be performed.
- Inform the applicant that he/she should give good verbal details as to what they are doing as they perform each procedure.
- They also need to provide good verbal details as to what they would have the children accomplish.
- The following procedures must be performed in the order as listed below:
  1. The first procedure is a **Student Pick Up** on highway with the student (s) coming across the roadway from the left-hand side of the roadway. (Remember to remind the applicant of this.) The student (s) are crossing the roadway in front of possible traffic.
  2. The second procedure is a **Railroad Crossing**. Inform the applicant that they are to perform a proper Railroad Crossing, and again they must be verbal and explain what they are performing.
  3. The third Procedure is a **Student Drop Off on Highway** with the student (s) crossing the roadway to the left again. (Remember to remind the applicant of this). The student (s) are crossing the roadway in front of possible traffic.
    - Remember: Once the applicant is on the road driving any instructions given to the applicant informing them to make any maneuvers should always contain the verbiage **when safe to do so**.
    - Remember that the applicant is always to maintain the vehicle in a safe manner. Just a few examples are maintaining proper starts, stops, following distances, and speed.
    - Remember to advise the applicant that he/she cannot legally transport students until they receive their CERTIFICATION CARD.

**WVDE Behind the Wheel Exam Form**

In this section the Examiner is to check the appropriate box for each category. The examiner will total the demerits based on the (U) Unsatisfactory column. If the trainee has a total accumulative score of five (5) or more demerits or receives a disqualifying mark in any of the categories, the exam will be stopped at that point. A score of zero to four is considered a passing score. Definitions: (S) Satisfactory, (U) Unsatisfactory, (DQ) Disqualified

**General Driving Skills**

|                                         | S | U | Demerits |                                                                    | S | U | Demerits  |
|-----------------------------------------|---|---|----------|--------------------------------------------------------------------|---|---|-----------|
| Signals properly when departing         |   |   | <b>1</b> | Speed that impedes traffic (15 MPH or less under the posted limit) |   |   | <b>2</b>  |
| Signals properly when in route          |   |   | <b>2</b> | More than 5 MPH over the posted speed limit                        |   |   | <b>DQ</b> |
| Regularly checks mirrors while in route |   |   | <b>1</b> | Uses speed appropriate to road conditions                          |   |   | <b>1</b>  |
| Obeys proper following distances        |   |   | <b>2</b> | Obey traffic control devices                                       |   |   | <b>DQ</b> |
| Accelerates smoothly                    |   |   | <b>1</b> | Brakes smoothly                                                    |   |   | <b>1</b>  |
| Distinguishes traffic signage           |   |   | <b>1</b> | <b>Total Demerits</b>                                              |   |   |           |

**Note: Any items missed in the following simulations are automatic failures**  
**Simulation #1 On Highway Student(s) Loading Crossing the Roadway**

|                                         | Pass | Fail |                                       | Pass | Fail |
|-----------------------------------------|------|------|---------------------------------------|------|------|
| Activates amber loading lights properly |      |      | Activates red loading lights properly |      |      |
| Monitors mirrors/traffic                |      |      | Sets park brake                       |      |      |
| Shifts to neutral appropriately         |      |      | Counts students                       |      |      |
| Signal students properly                |      |      |                                       |      |      |

**Simulation #2 Railroad Crossing Procedure**

|                                           | Pass | Fail |                                                   | Pass | Fail |
|-------------------------------------------|------|------|---------------------------------------------------|------|------|
| Activates 4-way hazard lights properly    |      |      | Silences students/heaters etc.                    |      |      |
| Stops at proper distance (15ft. to 50ft.) |      |      | Shifts to neutral                                 |      |      |
| Opens operators window                    |      |      | Opens entrance door                               |      |      |
| Checks for train                          |      |      | Closes entrance door                              |      |      |
| Closes entrance door                      |      |      | Cancels 4-way hazards (after clearing the tracks) |      |      |

**Simulation #3 Student(s) Unloading Procedure on Highway Crossing the Roadway**

|                                                                        | Pass | Fail |                                                                       | Pass | Fail |
|------------------------------------------------------------------------|------|------|-----------------------------------------------------------------------|------|------|
| Activates amber loading lights properly                                |      |      | Activates red loading lights properly                                 |      |      |
| Monitors mirrors/traffic                                               |      |      | Sets parking brake                                                    |      |      |
| Shifts to neutral appropriately                                        |      |      | Stops student(s) at right corner of bus & displays appropriate signal |      |      |
| Stops student(s) at left corner of bus and displays appropriate signal |      |      | Performs post-trip (checks for student(s) & items left behind)        |      |      |

Comments or explanation of failure \_\_\_\_\_

Examiners Signature \_\_\_\_\_ Trainee \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

**West Virginia Department of Education  
Behind the Wheel Verification Form**

Appendix N

**Range Training**

| Training Required        | Minimum Credit Hours | Clock Hours | Content                                                   | Trainer Initials | Trainee Initials | Date Completed |
|--------------------------|----------------------|-------------|-----------------------------------------------------------|------------------|------------------|----------------|
| <b>Basic controls</b>    | 1 Hour               |             | Cover controls of buses in fleet                          |                  |                  |                |
| <b>Basic skills</b>      | 1 Hour               |             | Straight Line Backing, Serpentine Backing, and Alley Dock |                  |                  |                |
| <b>Basic Maneuvering</b> | 2 Hours              |             | Starting, Stopping and Turning                            |                  |                  |                |
| <b>Hands-on Pre-trip</b> | 3 Hours              |             | Cover pre-trip inspection components                      |                  |                  |                |
| <b>Total Clock Hours</b> |                      |             |                                                           |                  |                  |                |

**Public Road Training**

|                           |         |  |                                                                                                                       |  |  |  |
|---------------------------|---------|--|-----------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Rural</b>              | 1 Hour  |  | Starting, Stopping, Accelerating, Passing, Intersections, Descending Grades, Curves & Turning                         |  |  |  |
| <b>Urban</b>              | 1 Hour  |  | Starting, Stopping, Accelerating, Passing, Intersections, Changing Lanes, Descending Grades and Curves                |  |  |  |
| <b>Expressway</b>         | 1 Hour  |  | Starting, Stopping, Accelerating, Passing, Intersections, Changing Lanes, Descending Grades, Curves, On and Off Ramps |  |  |  |
| <b>Night-time Driving</b> | 2 Hours |  | <b>Make sure it's DARK !!</b>                                                                                         |  |  |  |
| <b>Total Clock Hours</b>  |         |  |                                                                                                                       |  |  |  |

**S Endorsement**

|                          |         |  |                              |  |  |  |
|--------------------------|---------|--|------------------------------|--|--|--|
| <b>Unloading-Loading</b> | 2 Hours |  | Student Pickup and Discharge |  |  |  |
| <b>Railroad Crossing</b> | 1 Hour  |  | Crossing Procedures          |  |  |  |
| <b>Total Clock Hours</b> |         |  |                              |  |  |  |

I, the trainer, certify that the trainee has received the training described above.

\_\_\_\_\_

I, the trainee, certify that I have received the training described above.

Sign Name

Print Name

**West Virginia Department of Education School Bus Operator Examination for Certification**

County \_\_\_\_\_

Date(1<sup>st</sup>) \_\_\_\_\_ Date(2<sup>nd</sup>) \_\_\_\_\_ Date(3<sup>rd</sup>) \_\_\_\_\_

Pass \_\_\_ Fail \_\_\_

Pass \_\_\_ Fail \_\_\_

Pass \_\_\_ Fail \_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

The signature of a **\*representative of the WVDE or designee** is required before the examination can be administered. **\*Signature** \_\_\_\_\_ Date \_\_\_\_\_

Test will be stopped at point of failure. Trainee must wait a minimum of five (5) days before re-testing. Additional training is required before a 2<sup>nd</sup> or 3<sup>rd</sup> exam is administered.

Signature of Trainee \_\_\_\_\_

Date that additional training was completed for 2<sup>nd</sup> exam: \_\_\_\_\_

Date that additional training was completed for 3<sup>rd</sup> exam: \_\_\_\_\_

| First Attempt                                 | Second Attempt                                | Third Attempt                                 |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Student Loading: Pass ___ Fail ___            | Student Loading: Pass ___ Fail ___            | Student Loading: Pass ___ Fail ___            |
| Student Unloading: Pass ___ Fail ___          | Student Unloading: Pass ___ Fail ___          | Student Unloading: Pass ___ Fail ___          |
| Railroad Crossing: Pass ___ Fail ___          | Railroad Crossing: Pass ___ Fail ___          | Railroad Crossing: Pass ___ Fail ___          |
| On Highway Driving Exam:<br>Pass ___ Fail ___ | On Highway Driving Exam:<br>Pass ___ Fail ___ | On Highway Driving Exam:<br>Pass ___ Fail ___ |
| Physical Performance:<br>Pass ___ Fail ___    | Physical Performance:<br>Pass ___ Fail ___    | Physical Performance:<br>Pass ___ Fail ___    |

Type of Bus: Class C \_\_\_\_\_ Class D \_\_\_\_\_ Other \_\_\_\_\_ (If Other, Explain) \_\_\_\_\_

Signature of Applicant:

1<sup>st</sup> Attempt \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Attempt \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Attempt \_\_\_\_\_ Date \_\_\_\_\_

Signature of Examiner:

1<sup>st</sup> Attempt \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Attempt \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Attempt \_\_\_\_\_ Date \_\_\_\_\_

**This exam sheet is to be left with the county.**

| <b>SCHOOL BUS OPERATOR<br/>TRAINING CLASS<br/>EVALUATION FORM</b>                                                                                                                                                                                |                                                   |          |          |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------|----------|----------|----------|
| Please help us continue to provide quality school bus operator training.<br>Check the box which best responds to the statements on the left side and list<br>suggestions for program improvement on # 13. Use the back of the form if necessary. |                                                   |          |          |          |          |
|                                                                                                                                                                                                                                                  | <b>5 being the highest and 1 being the lowest</b> |          |          |          |          |
|                                                                                                                                                                                                                                                  | <b>5</b>                                          | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
| 1. The trainer treats student fairly.                                                                                                                                                                                                            |                                                   |          |          |          |          |
| 2. The trainer provides individual assistance.                                                                                                                                                                                                   |                                                   |          |          |          |          |
| 3. The trainer gives clear directions.                                                                                                                                                                                                           |                                                   |          |          |          |          |
| 4. The trainer provides a variety of activities.                                                                                                                                                                                                 |                                                   |          |          |          |          |
| 5. The trainer knows the subject matter.                                                                                                                                                                                                         |                                                   |          |          |          |          |
| 6. The trainer comes to class well prepared.                                                                                                                                                                                                     |                                                   |          |          |          |          |
| 7. The trainer encourages student participation in class.                                                                                                                                                                                        |                                                   |          |          |          |          |
| 8. The trainer is able to communicate ideas clearly.                                                                                                                                                                                             |                                                   |          |          |          |          |
| 9. Equipment is adequate and ready to use.                                                                                                                                                                                                       |                                                   |          |          |          |          |
| 10. The trainer uses audiovisual appropriate to class.                                                                                                                                                                                           |                                                   |          |          |          |          |
| 11. The trainer helps us get the most out of each hour.                                                                                                                                                                                          |                                                   |          |          |          |          |
| 12. Class begins on time.                                                                                                                                                                                                                        |                                                   |          |          |          |          |
| 13. Please list suggestions for improving the class (use the back if needed).                                                                                                                                                                    |                                                   |          |          |          |          |
| Trainer:                                                                                                                                                                                                                                         |                                                   |          |          |          |          |
| Date:                                                                                                                                                                                                                                            |                                                   |          |          |          |          |
| Name (optional):                                                                                                                                                                                                                                 |                                                   |          |          |          |          |

Trainee's Name \_\_\_\_\_

**West Virginia Department of Education  
Classroom Verification Form for  
CDL/ELDT Theory Training or School Training Solutions Online Program**

| School Training Solutions Curriculum                      | Credit Hours | Clock Hours | Trainer Initials | Trainee Initials | Date Completed |
|-----------------------------------------------------------|--------------|-------------|------------------|------------------|----------------|
| CDL Prep-Must Include Chapters 1,2, 3 and 4 of CDL Manual | 4 Hours      |             |                  |                  |                |
| Alcohol and Drug Testing Requirement                      | 1 Hour       |             |                  |                  |                |
| Threats to CDL Drivers                                    | 1 Hour       |             |                  |                  |                |
| Whistleblower/Coercion                                    | 1 Hour       |             |                  |                  |                |
| External Communications                                   | 1 Hour       |             |                  |                  |                |
| Trip Planning                                             | 1 Hour       |             |                  |                  |                |
| Roadside Inspections                                      | 2 Hours      |             |                  |                  |                |
| Certification Exam Score (80% or more)                    |              |             |                  |                  |                |

---

I, the trainer, certify that the trainee has received the training listed above.

---

Sign and Print Name

I, the trainee, certify that I have completed the above curriculum.

---

Sign and Print Name

## Training Disclaimer

I \_\_\_\_\_ fully understand that it is my responsibility to notify the trainer if I feel that I may need additional training prior to initialing and signing the Classroom and Behind the Wheel Verification forms.

Signature of Trainee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

Date \_\_\_\_\_

This signed document must accompany the trainee file provided to the WVDE representative prior to Skills Testing.



## Special Needs Curriculum New Driver Training

**15 minutes – Individual Educational Plan (IEP) and Section 504 of the Rehabilitation Act of 1973 (504 plan)** – The difference between the IEP and 504 Plan must be explained. This legal agreement must be followed. Any related services and any specialized equipment needed must be identified.

**5 minutes - Confidentiality and Professionalism – Family Educational Rights and Privacy Act (FERPA).** Provide training on the rights of students and the importance of confidentiality and professionalism when processing and managing student information.

**10 minutes - Nursing Care Plan** - Includes a medical plan, what is medically fragile about the student, what constitutes an emergency for the student and the availability of a nurse and medical supplies, when necessary.

**5 minutes - Behavior Intervention Plan (BIP)** – *The behavior intervention plan is a separate plan from the IEP written for specific behaviors. The IEP will indicate what works and doesn't work for the student. The school shall provide the IEP.*

**5 minutes - Least Restrictive Environment (LRE)**- Explain how this will affect transportation and remain in compliance with the law.

**30 minutes - 13 Definitions of Disabilities under Individuals with Disabilities Educational Act (IDEA)** – Provide an overview of the 13 definitions in IDEA 2004; autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, intellectual disabilities, multiple disabilities, orthopedic impairment, other health impairments, specific learning disability, speech or language impairment, traumatic brain injury and visual impairment including blindness.

**10 minutes - Driver and Aide Responsibilities** - Provide an overview of the driver and aide responsibilities and the required physical qualifications for the performance of their duties.

**5 minutes - Mandated Reporting** – Provide an overview of mandating reporting required by WV Code §49-2-803.

**5 minutes - Policy 2419** – Provide an overview of the regulations for the education of students with exceptionalities.

**1 hour 10 minutes - Wheelchair** - Provide training on the inspection, loading, unloading and securement of wheelchairs and hands-on training of manual, power and reclining wheelchairs, scooters and strollers. (The School Bus Safety Handbook & “Safe Ride” Handout)

**40 minutes - Wheelchair Lift** – Provide hands-on training on the operation of power lifts including the manual backup system. (“Safe Ride” Handout)

**10 minutes - Specialized Equipment** – Provide an overview of the use and securement of oxygen equipment, trays, seat belt cutter, fire and drag blanket.

**1.25 hours - Child Safety Restraint Systems (CSRS)** - Provide an overview and hands on training on the following topics: various types, selection, installation, life limits, post-incident quarantine/replacement, cleaning, inspection, proper fit and location of the CSRS in the school bus. Provide training on the physical, behavioral and developmental needs of the specific student using the CSRS. (NHTSA Child Passenger Safety Restraint Systems on School Bus & The School Bus Safety Handbook)

## **Special Needs Curriculum New Driver Training (con't)**

**5 minutes - Service Animals** - Provide an overview of the laws on how to handle service animals.

**5 minutes - Emergency Cards** - Provide training on what information is needed about the student from the parents and update this information regularly.

**5 minutes - Cell Phone usage on the bus** – Provide training on county, state and federal policies and laws regarding the use of earpieces, ear buds, headsets, cellular phones, or other portable electronic devices on school buses.

**5 minutes - McKinney- Vento Act** - Provide training on the transportation requirements for displaced students.

**5 minutes - Medicaid Forms** – Provide training on how to fill out Medicaid forms.

**5 minutes - Bullying** – Provide training on the different types of bullying, what to watch for, and how you should address the specific situations.

**45 minutes - Emergency Evacuations** - Provide training on the emergency plans, route specific plans, seating plans, when to evacuate and the ability of the students. Provide training on one and two-person lifts and fire/drag blanket technics.

**Total Hours = 6**

### **Suggested Material Items for Training:**

Wheelchair

Various types of CSRS that are used in the county

Training doll

Seat belt cutter

Seat belt webbing

Training verification form

### **Resources for training:**

Epilepsy Foundation of Virginia Bus Driver Training Video

NHTSA Child Safety Restraint Systems on School Bus Training Video

Transporting the Emotionally Handicap students Video

How to Safely Evacuate Special Needs Bus Video

Transporting Children with Disabilities 5<sup>th</sup> Edition by Linda Bluth, Ed. D.

The School Bus Safety Handbook, Choosing and Using Child Safety Restraint Systems and Wheelchairs, 3<sup>rd</sup> Edition by Denise Donaldson

Q-Straint/Sure-Lok Training Academy – online training

Safe Ride News [www.saferidenews.com](http://www.saferidenews.com)

<http://certi.safekids.org>

<http://www.ncstonline.org>

Pupil Transportation Safety Institute (PTSI) [www.ptsi.org](http://www.ptsi.org)

## CERTIFICATE OF TRAINING FOR ENTRY-LEVEL COMMERCIAL DRIVERS

**I hereby certify that**

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DRIVER'S NAME, MIDDLE INITIAL, LAST NAME

**has completed all training requirements set forth in the Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503.**

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SIGNATURE OF TRAINER

PRINTED NAME

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CERTIFICATE ISSUE DATE

PROFICIENCY SCORE

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NAME OF COUNTY/TRAINING PROVIDER

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ADDRESS OF COUNTY/TRAINING PROVIDER

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SUPERVISOR SIGNATURE

DATE

Copy to be provided to trainee and copy to be placed in trainee's file.











W. Clayton Burch  
West Virginia Superintendent of Schools