

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				
Total Hours					

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

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

Range Training

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

Public Road Training

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

S Endorsement

Unloading-Loading	2 Hours		Student Pickup and Discharge			
Railroad Crossing	1 Hour		Crossing Procedures			
Total Clock Hours						

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

Trainees Name _____

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

List Additional Training	Clock Hours	Trainer's Initials	Trainee's Initials	Date Completed
Total Additional Hours				

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

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.

CERTIFICATE OF TRAINING FOR ENTRY-LEVEL COMMERCIAL DRIVERS

I hereby certify that

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.

SIGNATURE OF TRAINER

PRINTED NAME

CERTIFICATE ISSUE DATE

PROFICIENCY SCORE

NAME OF COUNTY/TRAINING PROVIDER

ADDRESS OF COUNTY/TRAINING PROVIDER

SUPERVISOR SIGNATURE

DATE

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