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
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
Special Needs Classroom Verification Form

Training Required	Minimum Credit Hours	Clock Hours	Trainer's Initals	Trainee's Initals	Date Completed
IEP & 504	15 minutes				
Confidentiality, Professionalism	5 minutes				
Health Care Plan	10 minutes				
Behavior Intervention Plan	5 minutes				
Least Restrictive Environment	5 minutes				
13 Definitions of Disabilities	30 minutes				
Driver & Aide Responsibilities	10 minutes				
Mandated Reporting	5 minutes				
Policy 2419	5 minutes				
Wheelchair Securement	70 minutes				
Wheelchair Loading, Unloading, Lift & Manual Operation	40 minutes				
Specialized Equipment	10 minutes				
CSRS, Selection, Installation, Securement	85 minutes				
Service Animals	5 minutes				
Emergency Cards	5 minutes				
Cell Phone Usage	5 minutes				
McKinny Vento Act	5 minutes				
Medicaid Forms	5 minutes				
Emergency Evacuations	45 minutes				
Total Hours	**6 hours**				

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 _____

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

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
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

Rev. 4/2022

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
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

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.

DAILY TRAINING DOCUMENTATION

COUNTY _____ TRAINEE _____

DATE	START TIME	END TIME	TOTAL HOURS	BASIC SKILLS	BASIC CTRLS	BASIC MAN	PRE-TRIP	RURAL	URBAN	XPRESS	NIGHT TIME	LOADING/ UNLOADING	RAILROAD CROSSING	TRAINEE INITIALS	BUS TYPE
TOTAL HRS.															

TRAINER SIGNATURE	TRAINEE SIGNATURE

BUS OPERATOR DAILY TRAINING DOCUMENTATION

Trainee's Name	County

This form documents the daily training provided to each individual trainee.

NOTE: All night time training must be done after dark.

Date	Start Time	End Time	Total Time	Trainee Initial	Trainer Initial	Number of Trainees Present	Topics Covered

Trainee's Signature/Date	Trainer's Signature / Date

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.