



Evaluator Certification – Type III Driver Only

The driver identified below has met the experience and training competencies per MS 171.02, Subd. 2b.

District/Carrier: _____

Evaluator: _____

Driver: _____ Date: _____

Met requirements:

Behind the wheel evaluation (Appendix A) Date: _____

Pre-trip evaluation (Appendix B) Date: _____

Yes	No	The driver exhibits the following competencies:
<input type="checkbox"/>	<input type="checkbox"/>	Safely operates a Type III vehicle;
<input type="checkbox"/>	<input type="checkbox"/>	Understands student behavior, including issues relating to students with disabilities;
<input type="checkbox"/>	<input type="checkbox"/>	Encourages orderly conduct of students on the bus and handles incidents of misconduct appropriately;
<input type="checkbox"/>	<input type="checkbox"/>	Knows and understands relevant laws, rules of the road, and local school bus safety polices;
<input type="checkbox"/>	<input type="checkbox"/>	Handles emergency operations;
<input type="checkbox"/>	<input type="checkbox"/>	Proper use of seat belts and child safety restraints
<input type="checkbox"/>	<input type="checkbox"/>	Performance of pre-trip vehicle inspections
<input type="checkbox"/>	<input type="checkbox"/>	Safe loading and unloading of students <ul style="list-style-type: none"> • Utilizing safe locations • Use of vehicular traffic lanes • Student crossing and escorting • Vehicle transmission in “park”
<input type="checkbox"/>	<input type="checkbox"/>	Driver physical examination (medical certificate) <ul style="list-style-type: none"> • Expiration date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Driver license annual check completed <ul style="list-style-type: none"> • Date: _____

Comments from ride-along observation: (Include student management issues or concerns.)

Evaluator signature: _____ Driver signature: _____