



### 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:** \_\_\_\_\_

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

Evaluator signature: \_\_\_\_\_ Driver signature: \_\_\_\_\_