



PORTAGE LA PRAIRIE SCHOOL DIVISION

OPERATIONS DEPARTMENT
EVALUATION - SCHOOL BUS DRIVER

NAME _____

To be completed by the Supervisor of Operations or his delegate as follows:

1. On all new drivers towards the completion of the six month probationary period.
2. On all drivers during the school year.
3. Completed form must be signed by driver who is then given a copy.
4. To be rated as follows:
 1. Satisfactory
 2. Needs improvement (requires comment)
 3. Unacceptable (requires comment)

A. PRE-TRIP INSPECTION

B. DRIVING SKILLS

1. Start
2. Shifting/Clutching
3. Driving
4. Speed
5. Braking
6. Use of lights
7. Use of mirrors/Check danger zone

C. ATTITUDE

1. Toward students
2. Toward management
3. Confidence

D. SCHEDULE

1. Driver
2. Student

E. BUS CLEANLINESS

1. Inside
2. Outside



F. DEPARTMENT

- 1. Students _____
- 2. Driver _____

G. PAPERWORK

- 1. Log book _____
- 2. Time sheet/paperwork _____

On any item rated "Needs Improvement" or "Unacceptable", please record on the bottom of this form what is being done to effect improvement and file a subsequent report within 10 days.

Comments and follow-up:

Date _____ Supervisor of Operations _____

I **agree** in general with the observations recorded above.

Date _____ Driver _____

I **disagree** with the observations recorded above. My objections are recorded on the attached sheet.

Date _____ Driver _____

Copies to: **DIVISION OFFICE** _____ **DRIVER** _____ **FILE** _____