**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**West Virginia Department of Education**

**Classroom Verification Form for Classroom Training Or**

**Safe Transit Online Program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Required** | **Minimum Credit Hours** | **Trainer’s Initials** | **Applicant’s Initials** | **Date Completed** |
| **Accidents & Emergencies Sect. F** | **2 Hours** |  |  |  |
| **Blind Spots/Danger zones & Mirrors** | **1 Hour** |  |  |  |
| **Controlling the School Buses Sect. C**  | **2 Hours** |  |  |  |
| **Detecting Hazards****Sect. D** | **1 Hour** |  |  |  |
| **Emergency Driving Techniques** | **1 Hour** |  |  |  |
| **Field Trips****Sect. H** | **1 Hour** |  |  |  |
| **Loading Unloading Procedures**  | **1 Hour** |  |  |  |
| **Passenger Control****Sect. G**  | **1 Hour** |  |  |  |
|  **Pre-trip Air Brake Inspection****Sect. B** | **1 Hour** |  |  |  |
| **Railroad Highway Crossing** | **1 Hour** |  |  |  |
| **School Bus Operation****Sect. B** | **2 Hours** |  |  |  |
| **School Operator Roles Responsibilities****Sect. A** | **1 Hour** |  |  |  |
| **School Bus Transportation Policies & Procedures** | **2 Hours** |  |  |  |
| **Transportation Exceptional Students****Sect. I** | **1 Hour** |  |  |  |
| **Certification Test** | **1 Hour** |  |  |  |
| **Special needs****Per Policy 4336** | **6 Hours** |  |  |  |
| **First Aid in class** | **3.5** |  |  |  |
| **CPR** | **3.5** |  |  |  |
| **Policies****2422.7, 2422.8, 2423, 4373, 5500.02,****5902** | **3 Hours** |  |  |  |
| **County Policies** **&****Procedures** | **1 Hour** |  |  |  |

**Additional Relevant Training to meet the Minimum Requirement of 40 Hours of Classroom Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chain Installation** | **1 Hour** |  |  |  |
| **Alcohol and Drug Testing Requirement** | **.5 Hour** |  |  |  |
| **Basic Fire Extinguisher Training**  | **.5 Hour** |  |  |  |
| **CDL Prep** | **2 Hours** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **Minimum 40 hours Total Hours \_\_\_\_\_\_\_\_\_**

**I, the trainer, certify that the applicant has received the training described above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, the applicant, certify that I have received the training described above.**

**Sign and Print Name**

**Rev. 10/2015**