## Clarksville-Montgomery County School System

## Bus Driver Evaluation Form (CLS-F064)

Employee Name			From: Rating Perio		_To:	
. I mul						
Job Title			Work Locat			
The above-named employee is due an evaluation and return Evaluation grades of superior, needs to in	n it to the Humar	n Resource Off	ice. The empl	oyee is to sign	the evaluation form	
<b>Evaluation Criteria</b>	Unsatisfactory	Needs to Im	prove Sa	atisfactory	Very Satisfactory	Excellent
<b>Trade Knowledge</b> - Ability to apply required skills and understanding of all duties including special transportation.						
Vehicle Appearance/ Upkeep – Keeps assigned bus clean and fueled. Conducts and completes pre- trip daily. Reports bus accidents.  Planning – Operates and maintains bus on approved regular schedule. Completes all paperwork.  Customer Relations/ Communication Skills – Has positive working relationship with						
parents, students and CMCSS staff. Able to give and receive directions effectively.  Teamwork – Establishes and maintains cooperative working						
relationships with others.  Dependability/Availability – Work attendance & punctually, completes task in a timely manner.  Personal Appearance – Properly						
groomed and appropriately dress per CMCSS policy.  Credentials – Keeps abreast of job requirements, i.e. DOT, CDL, and Mandatory State/Local In-service.						
Safety – Follows the rules/regulations provided by local, state, and federal regulations. The ability to apply safe practices.  Student Management – Maintains						
discipline, safe standards on the bus. Sets expectations for student behavior. Completes appropriate reports including student incidents.						
Superior Contributions:						
Written comment for areas needing impro	ovement or unsat	isfactory:				
I recommend continued employmen	nt and stan incres	sa according t	o Administrativ	ve policy LITM	L A 0.46	
I recommend continued employment	-					
I recommend dismissal for unsatisf	actory performan	nce.				
Date		_	re – Immediate	-		
I have reviewed this evaluation with my i	mmediate superv	visor. (Employ	vee may comm	ent on back of	form)	
Date		Signatu	ire – Employee	:		
Date		Signatu	Signature – Human Resources			

12/7/21, Rev. A CLS-F064 Page 1 of 1