

TRANSITION FROM REG. ED. DRIVER TO SPECIAL NEEDS DRIVER

NAME _____ Completed Training _____ thru _____

Note: V-video L-lecture

Note: It is the responsibility of the driver to turn this form in at the end of the training session.

Overview

		TRAINER	TRAINEE
• Job Description	L	_____	_____
• Special Needs Student Transportation Procedure	L	_____	_____
• Special Needs Stop Sheet	L	_____	_____

Student Management:

		TRAINER	TRAINEE
• Special Transportation Request Form	L	_____	_____
• Seating Chart	L	_____	_____

First Aid:

		TRAINER	TRAINEE
• CPR and First Aid for children and adults (Card issued and certification date _____)	V/L	_____	_____
• Bloodborne Pathogens	V	_____	_____
• Safety precautions for staff	L	_____	_____

Video/Lectures:

• Introduction To Special Needs	V	_____	_____
• Loading/Unloading Special Needs	V	_____	_____

Hands On Training

1. Wheel Chair Lockdown	H/O	_____	_____
2. Demonstrate Loading/Unloading Wheelchair	H/O	_____	_____
3. Ride Along With Trainer	H/O	_____	_____

Material Used:

- American Red Cross SFA With CPR Adult/Child • DVD • Wheel Chair

Verification of Completed Training: _____

Driver Safety Manager