



## Bus Driver Individual Training Schedule

Trainee Name: \_\_\_\_\_

I understand the six (6) week training timeline outlined below. At the completion of my training, I will have received all required training to become a School Bus Driver with Clarksville-Montgomery County School System. Any exception to this timeline will need to be coordinated with the Safety Department.

Orientation Date: \_\_\_\_\_

One-week CDL Preparation:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

I understand that if I do not obtain my CDL Permit within the one-week timeframe I must submit a waiver requesting an extension to the Transportation Manager. The decision made by the Transportation Manager is final.

Hands-on Training:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Classroom Training Dates:

Day 1: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Day 2: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Day 3: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

CPR: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

All classes are mandatory. All classes are three hours long.

Estimated Road-Test Date: \_\_\_\_\_

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver Safety Supervisor Signature

\_\_\_\_\_  
Date