

FUNCTIONAL ASSESSMENT FORM FOR SCHOOL BUS DRIVERS (To be completed annually)

Candidate's Name:	Date of Assessment:		
Consent to Release Functional Assessment Information:			
I,, authorize my employe	er, (Bus Contractor/School)	_to disclose the	
results of the Functional Assessment to Buffalo Trail Public	c Schools to place on my driver file.		

Candidate's Signature: ______ Witness: _____

Assessor will instruct the candidate to complete the following tasks required of a School Bus Driver. Record if the candidate is able to safely complete each task. If contractor and driver is the same person the assessment must be done by a third party. Buffalo Trail Public Schools indicates all of the (11) eleven criteria below are essential job specific fitness to work criteria for a Bus Driver.

This individual demonstrated the ability to:

□ Yes	🗆 No	Lift hood of bus for inspection.
□ Yes	🗆 No	Bend, kneel or squat to check under bus. Must be able to view exhaust, brakes, springs and all items underneath bus as required for pre-trip inspection.
□ Yes	🗆 No	Walk around bus for inspection without aids.
□ Yes	🗆 No	Climb up and down stairs to enter/exit bus using only the hand rail for assistance, if required.
□ Yes	🗆 No	Sit behind the bus steering wheel and fasten the seat belt. Must be able to wear shoulder and lap seatbelt without making modifications.
	🗆 No	Open and close right hand glider to allow for passenger entry/exit.
□ Yes	🗆 No	Bend/kneel to pick up articles from the floor located in the aisle or under seats.
□ Yes	🗆 No	Able to exit through the rear emergency exit unassisted and without Aids, if bus is equipped with rear emergency exit.
□ Yes	🗆 No	Able to enter through the rear emergency exit with assistance of aids, if bus is equipped with rear emergency exit.
□ Yes	🗆 No	Drag a static force of 30 lbs down the aisle & out the rear door to simulate an evacuation.
Assessor's Name: Assessor's Signature:		Assessor's Signature: