

BUS DRIVER'S ROUTE EVALUATION FORM

Driver name: _____ Bus #: _____

Route # _____ Approximate time driving this route: _____

Hazards

Have you observed any significant or unusual hazards while driving this route, or while picking up or dropping off students at bus stops?

Yes

No

If "Yes," indicate what hazards you have observed: _____

Are there any bus stops on this route that you believe should be changed?

Yes

No

If "Yes." Indicate which stops: _____

Any additional comments about this route? _____

Driver signature: _____ Date: _____