

NYSED SCHOOL BUS ATTENDANT/MONITOR PHYSICAL PERFORMANCE TEST

Monitor/Attendant's Last Name	First Name	MI	Monitor/Attendant's Signature	
Street Address		County	City	State Zip Code
Social Security Number (Last 4 Digits)	Vehicle Type		Monitor/Attendant DOB	School Type: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public
Test Type: <input type="checkbox"/> New Monitor/Attendant <input type="checkbox"/> Biennial <input type="checkbox"/> Return to Duty			Test Location:	
School District (Employer or Client):			Bus Contractor:	

SBDI: See PT901 for complete guidelines for this test. Check "PASS" or "FAIL" for each standard. Stop the test immediately if any item is failed. Enter time for timed standards. If a timed test is not completed, enter "DNC" (Did Not Complete).

Standard #1	Bus Steps	Time: _____	(3 trips up & down in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #2	Emergency Exit	Time: _____	(Front passenger seat and out exit in 20 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #3	Weight Drag	Time: _____	(125lbs. 30 feet in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

In Accordance with the Commissioner's Regulation 156.3, and guideline PT901, and with knowledge of his/her duties, I certify that the above named Attendant/Monitor (check one):

- Has passed all three standards and **is qualified** by the physical performance standards
- Is NOT Qualified** by the physical performance standards.

SBDI Information and Signature

SBDI Name (Printed)	SBDI Signature	SBDI #	Date
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Copy #1 should be placed in Employee's file. Copy #2 is for NYSED, EMAIL ONLY to: Transportation@nysed.gov. Copy #3 given to tested employee

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Street Address		County	City	State Zip Code
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Test Type: <input type="checkbox"/> New Monitor/Attendant <input type="checkbox"/> Biennial <input type="checkbox"/> Return to Duty			Test Location:	
Monitor/Attendant School District (Employer or Client):			Monitor/Attendant Bus Contractor:	

SBDI: See PT901 for complete guidelines for this test. Check "PASS" or "FAIL" for each standard. Stop the test immediately if any item is failed. Enter time for timed standards. If a timed test is not completed, enter "DNC" (Did Not Complete).

Standard #1	Bus Steps	Time: _____	(3 trips up & down in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #2	Emergency Exit	Time: _____	(Front passenger seat and out exit in 20 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #3	Weight Drag	Time: _____	(125lbs. 30 feet in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

In Accordance with the Commissioner's Regulation 156.3, and guideline PT901, and with knowledge of his/her duties, I certify that the above named Attendant/Monitor (check one):

- Has passed all three standards and **is qualified** by the physical performance standards
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SBDI Information and Signature

SBDI Name (Printed)	SBDI Signature	SBDI #	Date
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PT 910 - Physical Performance Test Document:

- With the addition of fields to the document, space may be limited in existing fields. Please write/ type in the spaces provided as best as possible (over-flow into other spaces is understandable).
- **Monitor/Attendant School Type** – Check one or both, if applicable. Monitor/Attendant may assist both public and non-public schools.

Monitor/Attendant School District (employer or client) - There is an addition to the box formerly identified as “School District”. It now has been moved and reads, “School District (employer or client)”. This box will reflect the school district that the person being tested will be assisting/employed with – aka the client. Please note, this box will have a school district NAME, whether the Monitor/Attendant is employed by the school district or the bus contractor. For filing and retrieval purposes, we require the district and/ company names this Monitor/Attendant may work for as a contracted employee. If there are multiple districts served by this single Monitor/Attendant, please list each district (abbreviate, if needed.) **Note:** *If the school bus Monitor/Attendant is located in NYC and is not yet assigned to a specific school district (employer or client) or bus contractor, the person completing this form should enter “not yet assigned” in the corresponding boxes.*

-PLEASE DO NOT USE 19A CARRIER NUMBERS IN THIS BOX-

- **Monitor/Attendant Bus Contractor** – A new box has been added to identify the company names this Monitor/Attendant may work for as a contracted employee (not applicable for district Monitor/Attendants, whom are not employed by a private contractor).
- **“PASS” or “FAIL”** – Please mark the boxes as preferred. This can be with a check mark, an “x”, by filling-in the appropriate box, or by circling a box to indicate if the Monitor/Attendant has passed or failed each standard.
- **Copy #2 should be EMAILED to the New York State Education Department (NYSED)** via Transportation@nysed.gov - Emailing the forms to NYSED allows districts and vendors to scan and directly email a copy of the form to NYSED’s Transportation Unit.
- **Copy #4** – SBDI Should keep a copy of this completed form for their records as well (should there be an occasion they would want to produce all the courses and PPTs they have administered).

The new PT 910 forms can be found on NYSED’s website via: <http://www.p12.nysed.gov/schoolbus/safety.html> or directly at: http://www.p12.nysed.gov/schoolbus/documents/PT910MonitorAttendant_SECURED.pdf

Example includes markers indicating the PT 910 additions:

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Street Address			City	State	Zip Code
Social Security Number (Last 4 Digits)		Vehicle Type	Monitor/Attendant DOB	Monitor/Attendant School Type <input type="checkbox"/> Public <input type="checkbox"/> Non-Public	
Test Type <input type="checkbox"/> New Monitor/Attendant <input type="checkbox"/> Biennial <input type="checkbox"/> Return to Duty			Test Location		
Monitor/Attendant School District (Employer or Client)			Monitor/Attendant Bus Contractor		
<small>SBDI: See PFBOL for complete guidelines for this test. Check "PASS" or "FAIL" for each standard. Stop the test immediately if any item is failed. Enter time for timed standards. If a timed test is not completed, enter "DNF" (Did Not Complete).</small>					
Standard #1	Bus Steps	Time: _____	<input type="checkbox"/> 3 Steps up & down in 30 seconds	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #2	Emergency Exit	Time: _____	<input type="checkbox"/> 1 front passenger seat and out exit in 20 seconds	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #3	Weight Drag	Time: _____	<input type="checkbox"/> 120lbs. 30 feet in 30 seconds	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<small>In accordance with the Commissioner's Regulation 156.3, and guideline PFBOL, and with knowledge of his/her duties, I certify that the above named Attendant/Monitor (check one):</small> <input type="checkbox"/> has passed all three standards and is qualified by the physical performance standards <input type="checkbox"/> is NOT qualified by the physical performance standards.					
SBDI Information and Signature					
SBDI Name (Printed)		SBDI Signature		SBDI #	Date
<small>Copy #1: placed in Employer's file. Copy #2: for NYSED. EMAIL ONLY to: Transportation@nysed.gov. Copy #3: for tested employee. Copy #4: for SBDI's records.</small>					
<small>PT910 (Revised 1/2018)</small>					

Thank you for your attention to these changes.
If there are any questions, please feel free to contact us at (518)474-6547 or Transportation@nysed.gov