

Notice of Virtual Training Offering

NVTO's ARE PROCESSED IN THE ORDER THEY ARE RECEIVED.

Directions: Type all of the requested information into this two-page form. A complete list of all virtual training sessions must be included with contact and connectivity information on the NVTO Program Schedule on page two. You must be a certified School Bus Driver Instructor or Master Instructor to submit this form.

Which SED Refresher Curriculum are you teaching?

2020-2021 Fall Refresher Training

2020-2021 Spring Refresher Training

- Please provide the names of the School Bus Driver Instructor or Master Instructor providing instruction and the supervisor responsible for monitoring the participants.
- Class size is limited to 25 virtual participants or less.
- Each participant will need:
 - To complete a data information sheet including their name, address, contact information, personal email and work email.
 - Their own device with audio visual capabilities (they will need a camera and microphone/speaker) as well as internet connection for the whole training.
 - To have the virtual platform on their device, such as Zoom, Goto Meeting, Microsoft Teams, Google Hangouts or other applicable virtual instruction programs.
 - To have their camera on during the entire session, which is mandatory.
- You will need to use two of the three formats below:
 - A question and answer format will be utilized to elicit feedback in the chat.
 - Polling questions will be required to gauge participant learning effectiveness.
 - Breakout rooms can be used to create small group learning opportunities.

NYSED Certified Instructor Information (PLEASE FILL OUT ALL INFORMATION, OR YOUR FORM WILL BE RETURNED.)

SBDI/MI Name:	SBDI/MI Number:	Telephone Number:
SBDI Mailing Address (All paperwork will be mailed here):		
SBDI Email Address (All paperwork will be emailed here):		

Email or mail to:

NY State Education Department
Room 1075, EBA
89 Washington Avenue
Albany, NY 12234

Questions?

Phone: 518-474-6541

Email: Paul.Overbaugh@nysed.gov

Course Number: _____ **Course Date:** _____

The course number **MUST** be included on the NPC submitted at the end of the course and on any correspondence about this course.

Any participants trained virtually without prior approval will not meet SED protocols.

NVTO Program Schedule

Directions: Complete the following Virtual Refresher Training Schedule, including all dates and times you will be offering the virtual training.

- Please include the name and number of the SBDI or MI who will be instructing the refresher.
- Please include the name of the supervisor who will be monitoring the students for their presence and participation.
- Please list the log in information which will allow SED or its representative to view the presentation and observe the instruction.

<i>Date:</i>	<i>Time:</i>	<i>Name of SBBI/MI:</i>	<i>SBDI/MI Number</i>	<i>Name of Supervisor:</i>	<i>Number of Participants:</i>	<i>Connectivity (e.g. Zoom) Information for SED to Observe</i>

Instructor Signature:	SBDI/MI Number:	Date: