

## NY State Education Department Record Review - DRIVER

Reviewer(s) Name:	Master Instructor #:	Date of Record Review:
Drivers Name:	Date of Hire:	Phone #:
District/Company:	SBDI(s)/MI(s) Names:	
Contact Name:		
Number of Drivers in Operation:		

Documentation	Previous Cycle/School Year	Current Cycle/School Year
Bi-Annual Superintendent Statement of Compliance	Fall Date:	Fall Date:
	Spring Date:	Spring Date:
Annual Physical (less than 13 months)	Date:	Date:
3 Personal References	◀ ( ) ▶	
Physical Performance Test (every 2 years)	Date:	Date:
CDL with P & S Endorsements	ID#	Expiration Date:
Fingerprint Final Approval Documentation	Date:	
SED Approved Basic Course Certificate	Date:	
SED Approved Pre-service Course Documentation	Date:	
CPR Training (Skip If Not Applicable)	Date:	Date:
Fall Safety Refresher (2 hours)	Date:	Date:
Spring Safety Refresher (2 hours)	Date:	Date:
Annual Anti-Idling Policy Acknowledgement	Date:	Date:
Initial DASA Training Certificate	Date:	
DASA Annual Refresher	Date:	
Initial Mandated Reporter NYS Certificate	Date:	
Annual Mandated Reporter Refresher	Date:	Date:
Safety Drill - Fall	Date:	Date:
Safety Drill - Winter	Date:	Date:
Safety Drill - Spring	Date:	Date:
Periodic Monitoring	Fall Date	Fall Date:
	Spring Date:	Spring Date: C
SBDI/MI Card in File	<input type="checkbox"/> Yes <input type="checkbox"/> No	