

Bus Driver's Route Evaluation Form

Driver name: _____

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: _____

Give completed form to your supervisor.