

## 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		Employer/19-A Carrier		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:		

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).

<b>Standard #1</b>	Bus Steps	Time: _____	(3 trips up & down in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Standard #2</b>	Emergency Exit	Time: _____	(Front passenger seat and out exit in 20 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Standard #3</b>	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, 876 EBA, 89 Washington St. Albany, NY 12234. Copy #3 given to tested employee