

ARIZONA DEPARTMENT OF PUBLIC SAFETY STUDENT TRANSPORTATION

2222 West Encanto Boulevard PO Box 6638, Mail Drop 3150 Phoenix, Arizona 85005-6638 Phone: (602) 223-2646 Fax: (602) 223-2923 Email: <u>schoolbus@azdps.gov</u>

Website: https://www.azdps.gov/services/enforcement-services/student-transportation

DRIVER TRAINING REPORT

Instructions:

- Separate training reports are to be filled out for each type of training course.
- The training report shall not be utilized as a sign-in roster
- Include the total number of hours taught by <u>each</u> instructor
- · List students in alphabetical order by last name
- List the District / Employer name and certification number for each student
- Email, Fax, or Mail the report to the Student Transportation Unit within seven days of completion (except New Driver Packet)

TRAINING CLASS HELD										
DATE		LOCATION		CITY	COU	NTY				
TYPE OF TRAINING										
New Driver* (14 Hours Classroom Instruction)			(6½ Hours Classroom Instruction)		*One class per training report for this type					
First Aid ** (Initial or Recertification)			Class Certification Expires in:	☐ 2 Years ☐ 3 Years	** This class type may be submitted on the same training report.					
CPR** (Adult, Infant, Child) (Initial or Recertification)			Class Certification Expires in:	☐ 1 Year ☐ 2 Years						
INSTRUCTOR INFORMATION										
INSTRUCTOR NAME					INSTRUCTOR NUME	ER HOURS				

STUDENT INFORMATION									
CERT NO.	NAME (LAST, FIRST, MIDDLE)	DISTRICT / EMPLOYER NAME	NUMBER	% SCORE					

STUDENT INFORMATION CONTINUED								
CERT NO.	NAME (LAST, FIRST, MIDDLE)	DISTRICT / EMPLOYER NAME	NUMBER	% SCORE				
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