

**REGION 4**

# Texas School Bus Driver Re-Certification Course

## Course Syllabus and Participant Record of Completion

_____ <i>Last Name</i>	_____ <i>First Name</i>	_____ <i>Middle or Maiden</i>
_____ <i>Street Address</i>	_____ <i>City, State, Zip</i>	_____ <i>Home Telephone</i>
_____ <i>Date of Birth (Month/Day/Year)</i>	_____ <i>Driver's License #</i>	_____ <i>Driver's License Expiration</i>
<input type="checkbox"/> Certification <input type="checkbox"/> Re-Certification _____ <i>Previous Certification Type</i>	_____ <i>Previous Training Date</i>	_____ <i>Previous Expiration Date</i>
_____ <i>School District Employed By</i>		_____ <i>TEA County-District Number</i>

SESSION 1	Time Required	Session Date	Instructor Signature
Module 1: Introduction & Overview	0:30		
Module 2: Know the Laws	1:00		
Module 3: Bus Basics	1:00		
Module 4: Defensive Driving	1:00		
Applicable Activities and Discussion	0:30		

SESSION 2	Time Required	Session Date	Instructor Signature
Module 5: Student Management	1:00		
Module 6: Loading and Unloading	1:00		
Module 7: Navigating Railroad Crossings	0:45		
Module 8: Emergency Evacuation	0:45		
Applicable Activities and Test	0:30		

**Re-Certification Course Review** Test Date \_\_\_\_\_ Score \_\_\_\_\_ Instructor Signature \_\_\_\_\_

Session ID: