

## 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.*