

**SCHOOL BUS DRIVER TRAINING  
EVALUATION**

**INITIAL CLASS** \_\_\_\_\_

**ANNUAL REFRESHER CLASS** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

Please indicate the extent to which you agree or disagree with the following statements:

6 = Strongly Agree

1 = Strongly Disagree

(Circle one number only)

The presenter was effective in communicating information.                    6   5   4   3   2   1

The presenter demonstrated mastery of the topic.                                6   5   4   3   2   1

The presenter kept my interest engaged throughout the session.                6   5   4   3   2   1

I learned new skills/gained new insight and understanding.                        6   5   4   3   2   1

The content of this session met my expectations.                                        6   5   4   3   2   1

The presenter used videos, handouts, and other teaching tools.                    6   5   4   3   2   1

Two key "take home" ideas I learned were:

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The session could be improved by:

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Additional comments:

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**Signature (Optional)** \_\_\_\_\_

This evaluation form is to be distributed to school bus drivers as they sign -in and pick up their copy of the Illinois School Bus Driver Training Curriculum. The form will be used to collect information to improve instructor training and meet the needs of school bus drivers. Please take the time to fill out the form and help us make our training program more effective.

Please return this form to:

Cinda Meneghetti  
State Director of Pupil Transportation  
Division of Funding and Disbursement Services  
100 North First Street -- E-320  
Springfield, IL 62777

If you have questions or concerns you would like answered personally, please feel free to call me at 217/782-5256 or [cmeneghe@isbe.net](mailto:cmeneghe@isbe.net).