

NYSSED 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		Monitor/Attendant DOB	Monitor/Attendant 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:	
Monitor/Attendant School District (Employer or Client):			Monitor/Attendant Bus Contractor:	

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).

Standard #1	Bus Steps	Time: _____	(3 trips up & down in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #2	Door		(Manually open and close the service door 3 times)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #3	Emergency Exit	Time: _____	(Front passenger seat and out exit in 20 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Standard #4	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 four 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
---------------------	----------------	--------	------

Copy #1 -placed in Employee's file. Copy #2 -for NYSED, EMAIL ONLY to: Transportation@nysed.gov. Copy #3 -for tested employee. Copy #4 -for SBDI's records