



SCHOOL TRANSPORTATION SUPERVISORS OF NEW JERSEY, INC.

PO Box 66
Raritan, NJ 08869
(908) 252-1991
Fax (908) 575-7373

Train the School Bus Driver Trainer - Entry Level A 40 Hour Curriculum Presented by Gerry Oram Student Transportation Educators, LLC.

Monday July 11, 2016 through Friday July 15, 2016
8:00 AM to 5:00 PM (5 days, 5 eight hour sessions, 40 hours total)
South Brunswick High School
750 Ridge Road, Monmouth Junction, NJ 08852

Curriculum Content

- How To Be An Effective Speaker
- What Is Training
- The School Bus Driver And Public Relations
- Driving Errors And The "5 See's Of Driving"
- Defensive Driving
- I Didn't See Him
- Reaction Time
- Vehicle Inspection/Pre Trip Inspection
- Brake Test Inspection
- Skills/Vehicle Control/On Road Testing
- Brakes
- Mirrors
- Transmission
- Hill Procedures
- Railroad Crossing
- School Bus Driver Trainee Orientations
- Loading And Unloading
- Student Communication
- Bus Evacuation
- Behind The Wheel Program
- First Time Out On Street Training
- Driving On Course Testing Program
- Second Program-Road Testing
- Training Records
- Evaluation Sheets Instructor's, Drivers
- Other School Bus Information Sheets
- Instructor's Written Test
- Transportation Safety Meetings
- Federal And State School Bus Accident Report
- CDL Road Test Information And State CDL Book

Includes 4 hours **Classroom** and 4 hours **Behind the Wheel** training each day (weather permitting).

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Registration Form

(Please complete to register - Registration deadline June 20, 2016)

COST: Members: \$479.00 per attendee

Non-Members : \$499.00 per attendee

Payment or method of payment must accompany registration form.

No refunds. May send substitutions. Must attend all 40 hours.

Lunch is not provided.

Register early! Class size limited to 30 participants.

Name _____

Employer: _____

Business Address: _____

City/State/Zip: _____

Business Telephone: _____ Fax: _____

Email Address: _____

Method of Payment

Check or Purchase Order made payable to STS of NJ, PO Box 66, Raritan, NJ 08869

Credit Card (circle one): Visa MasterCard American Express

Authorized Signature _____ Print Name _____

Card Number _____ Expiration Date _____

Security Code _____ Billing Zip Code _____