

## NYS ED SCHOOL BUS DRIVER PHYSICAL PERFORMANCE TEST

Driver's Last Name			First Name		MI	Driver's Signature			
Street Address				County		City		State	Zip Code
Motorist ID Number	License Class/Endorsements/ Restrictions		Vehicle Type			Driver DOB		Driver School Type: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public	
Test Type: <input type="checkbox"/> New Driver <input type="checkbox"/> Biennial <input type="checkbox"/> Return to Duty						Test Location:			
Driver School District (Employer or Client):						Driver 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).

<b>Standard #1</b>	Bus Steps	Time: _____	(3 trips up & down in 30 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Standard #2</b>	Throttle to Brake	Time: _____	(10 Throttle to Brake cycles in 10 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Standard #3</b>	Brake/Clutch	(Hold Brake 3 seconds 5 times/Hold Clutch throughout)		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Standard #4</b>	Door	(Manually open and close entrance door 3 times)		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Standard #5</b>	Hand Controls	(Enter name of control for each segment of this standard)			
	Right Side Control #1	Control Name: _____	Time: _____	(Wheel to Control to Wheel in 8 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Right Side Control #2	Control Name: _____	Time: _____	(Wheel to Control to Wheel in 8 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Left Side Control #1	Control Name: _____	Time: _____	(Wheel to Control to Wheel in 8 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Left Side Control #2	Control Name: _____	Time: _____	(Wheel to Control to Wheel in 8 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Standard #6</b>	Emergency Exit	Time: _____	(From Driver Seat and out Exit in 20 seconds)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>Standard #7</b>	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 Driver (check one):

- Has passed all seven 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
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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.

## PT 900 - Physical Performance Test Document:

- With the addition of fields to the document, space may be limited in existing fields. Please write/ type in the spaces provided as best as possible (over-flow into other spaces is understandable).
- **Driver DOB** - Please list the Driver's Date of Birth (DOB).
- **Driver School Type** – Check one or both, if applicable. Driver may transport to both public and non-public schools.
- **Driver School District (employer or client)** - There is an addition to the box formerly identified as "School District". It now has been moved and reads, "School District (employer or client)". This box will reflect the school district that the person being tested will be driving/employed with – aka the client. Please note, this box will have a school district NAME, whether the Driver is employed by the school district or the bus contractor. For filing and retrieval purposes, we require the district and/ company names this Driver may work for as a contracted employee. If there are multiple districts served by this single Driver, please list each district (abbreviate, if needed.) **Note:** If the school bus driver is located in NYC and is not yet assigned to a specific contractor, the person should be considered the "client" for purposes of this form.  
**-PLEASE DO NOT USE 19A CARRIER NUMBERS IN THIS BOX-**
- **Driver Bus Contractor** – A new box has been added to identify the company names this Driver may work for as a contracted employee (not applicable for district drivers, whom are not employed by a private contractor).
- **"PASS" or "FAIL"** – Please mark the boxes as preferred. This can be with a check mark, an "x", by filling-in the appropriate box, or by circling a box to indicate if the Driver has passed or failed each standard.
- **Copy #2 should be EMAILED to the New York State Education Department (NYSED)** via [Transportation@nysed.gov](mailto:Transportation@nysed.gov) - Emailing the forms to NYSED allows districts and vendors to scan and directly email a copy of the form to NYSED's Transportation Unit.
- **Copy #4** – SBDI Should keep a copy of this completed form for their records as well (should there be an occasion they would want to produce all the courses and PPTs they have administered).

The new PT 900 forms can be found on NYSED's website via: <http://www.p12.nysed.gov/schoolbus/safety.html> or directly at: [http://www.p12.nysed.gov/schoolbus/documents/PT900Driver\\_SECURED.pdf](http://www.p12.nysed.gov/schoolbus/documents/PT900Driver_SECURED.pdf)

Example includes markers indicating the PT 900 additions:

NYSED SCHOOL BUS DRIVER PHYSICAL PERFORMANCE TEST						
Driver's Last Name		First Name	MI	Driver's Signature		
Street Address		County	City	State	Zip Code	
Motorist ID Number	License Class/Endorsement Restrictions	School Type	Driver Side	Driver School Type		
Test Type: <input type="checkbox"/> New Driver <input type="checkbox"/> Renewal <input type="checkbox"/> Return to Duty		Test Location: Driver School District (Employer or Client)   Driver Bus Contractor				
<small>2020 See PT900 for complete guidelines for the 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 "TIME" (Signal/Clock/Calendar).</small>						
<b>Standard #1</b>	Bike Steps	Time: _____	(3 Steps up & down in 30 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<b>Standard #2</b>	Throttle to Brake	Time: _____	(10 Throttle to brake cycles in 10 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<b>Standard #3</b>	Brake/Clutch	Time: _____	(Hold brake 3 seconds & release/clutch throughout)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<b>Standard #4</b>	Door	(Manually open and close entrance door 3 times)				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Standard #5</b>	Hand Controls	(Enter name of control for each segment of this standard)				
	Right Side Control #1	Control Name: _____	Time: _____	(When to Control to within in 8 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Right Side Control #2	Control Name: _____	Time: _____	(When to Control to within in 8 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Left Side Control #1	Control Name: _____	Time: _____	(When to Control to within in 8 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Left Side Control #2	Control Name: _____	Time: _____	(When to Control to within in 8 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Standard #6</b>	Emergency Exit	Time: _____	(From driver seat and out door in 20 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<b>Standard #7</b>	Weight Drag	Time: _____	(12lbs. 30 feet in 30 seconds)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<small>In accordance with the Commissioner's Regulation §83.6 and guideline PT900, and with knowledge of his/her duties, I certify that the above named Driver (person):  <input type="checkbox"/> has passed all seven standards and is qualified by the physical performance standards.  <input type="checkbox"/> is NOT qualified by the physical performance standards.</small>						
SBDI Name (Printed)		SBDI Signature		Date	Date	
<small>Copy #1 placed in Employee File   Copy #2 for NYSED, NAMA ONLY to Transportation@nysed.gov   Copy #3 for school system   Copy #4 for 100% record</small>						

**Thank you for your attention to these changes.**

If there are any questions, please feel free to contact us at (518)474-6547 or [Transportation@nysed.gov](mailto:Transportation@nysed.gov)