

SAFETY BUSING CHECK SHEET

DISTRICT # _____ DATE _____

Copy of District Policy	Copy of rating instrument W/ cut off

Status (Prev) or (New)	Area/ School # W/ rating sheet

Instructions: List District and date. Note the presence of district policy and rating instrument W/ cut off. Note if previously or new area and the compliance of rating sheet to support safety busing in said area.

Inspector: _____

Compliance rating if applicable: