

ONEIDA SPECIAL SCHOOL DISTRICT
SPONSOR EVALUATION FORM OF
OFF-CAMPUS TRIPS

Driver's Name _____ Bus # _____

School _____ Date of Trip _____

Group _____ Teacher/Sponsor _____

Destination _____

		Satisfactory	Unsatisfactory
Bus Arrival			
	On Time		
	Late		
	No Show		
Bus Departure			
	On Time		
	Late		
	No Show		
Driver			
	Knowledge of Destination		
	Sufficient Fuel for Trip		
	Bus Cleanliness		
	Cooperative		
	Communication Skills		
Driving Skills			
	Driver Alertness		
	Maintained Control of Bus		
	Competent/Familiar with Bus		
	Obeyed Traffic Rules		
	Safety		

COMMENTS: