



School Bus Driver and Aide
Training for Interacting with Students
with Special Needs
Certificate of Completion

I certify that I have completed the training for interacting with students with special needs in accordance with N.J.S.A. 18A:39-19.2.

NAME OF DRIVER/AIDE: _____

DATE OF BIRTH: _____ DATE OF TRAINING: _____

EMPLOYER: _____

DISTRICT CODE OR
CONTRACTOR CODE: _____

DRIVER/AIDE SIGNATURE: _____

EMPLOYER SIGNATURE: _____