

# Impaired or Missing Limb Waiver Packet

## Background Information

An individual is not eligible to provide student transportation with an impaired, or loss of, a foot, a leg, a hand, fingers, or an arm. However, applicants with an impaired or missing limb may apply for an Impaired or Missing Limb Waiver. Drivers who have previously received a waiver are required to be re-evaluated for the pre-service training certificate to be renewed. For complete information, see the **School Vehicle Driver Physical Qualification Rule [OAC 3301-83-07\(D\)](#)**.

## Instructions/Checklist

- Step 1:** If noted on the T8 physical form that an Impaired or Missing Limb Waiver is needed, complete the Impaired or Missing Limb Waiver Request (**Section 1**) and email this to: Ohio Department of Education & Workforce, [waiverapp@education.ohio.gov](mailto:waiverapp@education.ohio.gov), to request a performance evaluation.
- Step 2:** An Ohio Pre-Service Program instructor will schedule a performance evaluation to determine the applicant's ability to control and safely operate a school bus or motor van and satisfactorily perform other related duties.
- Step 3:** The Ohio Pre-Service Program instructor will complete the Performance Evaluation Form (**Section II**) and submit it to the Department.

**To expedite processing, please make sure that all requested information in Section I is completed.**

## SECTION I - IMPAIRED OR MISSING LIMB WAIVER PERFORMANCE EVALUATION REQUEST

The information in Section I is to be completed and submitted by the Applicant.

**Have you ever been issued an impaired or missing limb waiver from the Department?**

Yes  No

*Please type or print clearly*

Name: (Last, First, Middle initial)	
Address: (Street, City, State and Zip code)	
Phone: (Home/cell)	(Work)
Date of Birth: (month/day/year)	(Age)
Gender: Male	Female
Driver License Issuance Date:	Expiration Date:
Driver License Classification Code:	
Employer's Name and Address:	
County of Employment:	
Employer's Telephone Number:	

### Signature

In signing and submitting this document, I hereby certify that I have read, understand, and will adhere to all rules and requirements pertinent to the impaired or missing limb waiver as administered by the Ohio Department of Education and Workforce. I understand that my waiver request may be denied, or my existing waiver revoked for a failure to adhere to any or all of the rules and requirements, and under no circumstance will I be afforded an appeal to such denial or revocation.

Applicant Signature	
Date	

## SECTION II – PERFORMANCE EVALUATION PRE-TRIP and DRIVING SKILLS

### OAC 3301-83-07(D)

The information in Section II is to be completed and submitted by the Pre-Service Instructor.

**Driver Name and Date of Birth:**

Preservice Instructor \_\_\_\_\_ Date \_\_\_\_\_

School District or Employer: \_\_\_\_\_ Score \_\_\_\_\_

**Place beside each item:** A – Acceptable; U – Unacceptable; N/A – Not Applicable;  
R – Reasonable Accommodation Needed

### I. Pre-Trip

#### A. Pre-Trip Inspection Evaluation Under Hood

- \_\_\_ 1. Latching, unlatching hood, opening hood without dropping.
- \_\_\_ 2. Removal of dipsticks (i.e., oil, power steering and auto-transmission) replace properly after checking, (screwing off caps, returning same)
- \_\_\_ 3. Place pressure on belts to assure proper tension using thumb forefinger.
- \_\_\_ 4. Pull slack adjuster on front brake to check.
- \_\_\_ 5. Closing hood – latching.

#### B. Inside Driver Compartment

- \_\_\_ 1. Walk up the stairs into the bus unassisted.
- \_\_\_ 2. Check safety equipment – open all containers to inspect.
- \_\_\_ 3. Operate all switches on panel – turn off and on.
- \_\_\_ 4. Operate gearshift, door, turn signals, dimmer switch, hazard switch and parking brake, horn, radio, ignition.
- \_\_\_ 5. Adjust seat and buckle belt.
- \_\_\_ 6. Operate all pedals (accelerator, brake, and clutch).
- \_\_\_ 7. Grasp wheel firmly, check play.

#### C. Walk Around

- \_\_\_ 1. Exit down the stairs – out the service door.
- \_\_\_ 2. Kneeling to inspect – frame, universal, muffler, exhaust. Rear axle, also kneel to inspect springs, brakes, suspension.
- \_\_\_ 3. Check tire inflation – gauge – use mallet to strike.
- \_\_\_ 4. Open the rear door from outside – close it.
- \_\_\_ 5. Adjust mirrors.
- \_\_\_ 6. Clean windshield.

## Driver Name and Date of Birth:

### D. Walk Back

- 1. Walk back aisle to rear door.
- 2. Pull on seat bottoms (secured).
- 3. Open rear door, emergency windows and roof hatches.
- 4. Exit and enter through the rear door.

### E. Wheelchairs/Special Needs

- 1. Operate the wheelchair lift.
- 2. Secure wheelchairs for transporting (requires bending, manipulating tie-down device(s), pushing/pulling the wheelchair).
- 3. Assist students out of wheelchair and into bus seats.
- 4. Lift and place preschool students into child-restraint device and properly secure.

## II. Driving Skills – Off Road

### A. Right/Left Turns

- 1. Operates signals.
- 2. Operates pedals (brake, clutch, and accelerator).
- 3. Steering; able to safely turn wheel – return wheel.
- 4. Shifts into/out of gears using proper technique.
- 5. Turn head to see mirrors.

### B. Railroad Crossing

- 1. Operates signals.
- 2. Operates pedals (brake, clutch, and accelerator).
- 3. Sets/removes parking brake.
- 4. Shifts into/out of gears using proper technique.
- 5. Open/close service door, driver’s window.

### C. Pick-up and Discharge – Left and Right

- 1. Operates signals.
- 2. Operates pedals (brake, clutch, and accelerator).
- 3. Steering able to safely maintain control of wheel – return wheel.
- 4. Shifts into/out of gears using proper technique.
- 5. Turn head to see mirrors.
- 6. Hand signal – clearly given – control of wheel.
- 7. Open/close service door.

### D. Turn-around

- 1. Operates signals.
- 2. Operates pedals (brake, clutch, and accelerator).
- 3. Steering able to safely turn wheel – return wheel.
- 4. Turn head, neck, and shoulders to see to back.

**Driver Name and Date of Birth:**

E. Communication

- \_\_\_ 1. Speak clearly and loudly.
- \_\_\_ 2. Write legibly.
- \_\_\_ 3. Operate a two-way radio and/or cellular phone, as required.

F. General Driving Behavior

- \_\_\_ A. Used clutch properly (shifting, double clutched, didn't ride).
- \_\_\_ B. Used gears properly (did not rev/lug engine, clash gears, or coast).
- \_\_\_ C. Used brakes properly (smooth braking, no riding or pumping).
- \_\_\_ D. Proper steering (both hands on wheel, no over/under control).
- \_\_\_ E. Drives too fast or slow for conditions.
- \_\_\_ F. Failed to maintain safe following distance.

- Satisfactorily Completed and Waiver Approval Recommended**
- Unable to Satisfactorily Complete and Waiver Approval Not Recommended**

**Pre-Service Instructor Name and Signature**

X \_\_\_\_\_

Name : \_\_\_\_\_

Date: \_\_\_\_\_

**PRE-SERVICE INSTRUCTOR COMMENTS**


**Instructions:**

Use the secure link provided: <https://filedrop.cloudfs.ohio.gov/> to upload the completed, signed, and dated Performance Evaluation (Section II).

- Click on the link
- Enter your name and ESC name
- System does a verification by sending a link to the email provided
- You will get the verification and a link to send the documents
- Enter recipient name and email: Ohio Department of Education & Workforce, [waiverapp@education.ohio.gov](mailto:waiverapp@education.ohio.gov)