

**Q-Straint**  
**SPECIAL NEEDS DRIVER OF THE YEAR - 2008**

NOMINATED DRIVER'S FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SCHOOL DISTRICT OR COMPANY: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_

DRIVER'S BACKGROUND INFORMATION: (Total years of driving experience, total years employed as a school bus driver, miles driven, safety record and any other related information).

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FACTS AND SPECIFIC ACHIEVEMENTS: (Provide any information that will show why the nominee is deserving of the award. Additional pages may be used and attachments may be included to reinforce the nomination.)

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LETTER OF NOMINATION SHOULD BE SIGNED BY THE PERSON OR PERSONS IN CHARGE OF TRANSPORTATION:

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

ENDORSEMENT BY THE DISTRICT SUPERINTENDENT OR HIGHEST LEVEL OF ADMINISTRATION IN THE DISTRICT OR COMPANY.

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

Return this document to:  
Deadline for submission  
Is May 18, 2008

Betty Kunkel Cascade County Superintendents Office 325 Second Avenue North Great Falls, MT 59401
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