

INDIVIDUAL STUDENT CLASSROOM RECORD

DRIVER EDUCATION COURSE EXCLUSIVELY FOR ADULTS

(C _____) _____
 School / Branch # Name of School Classroom Address

 Printed Name of Student Street Address City State ZIP Code

_____/_____/_____
 Date of Birth (MM/DD/YY) (_____) _____
 Area Code Phone Number Driving Permit Number (if applicable)

ATTENDANCE LEGEND: A = ABSENT P = PRESENT MU = MAKE-UP

Class Date(s) (MM/DD/YY)	Class Time(s) (e.g. 1:00 – 7:00 PM)	Attendance	Topic	Instructional Topics	Instructor's Initials
	- ____M		1	Introduction	
	- ____M		2	Your License to Drive	
	- ____M		3	Right-of-Way	
	- ____M		4	Traffic Control Devices	
	- ____M		5	Controlling Traffic Flow	
	- ____M		6	Alcohol and Other Drugs	
	- ____M		7	Cooperating with Other Roadway Users	
	- ____M		8	Managing Risk	
	- ____M		9	Classroom Progress Assessment	

Must total 6 hours

Road Rules Exam _____ **Road Signs Exam** _____ **Total Class Hours** _____

I / We hereby certify by signature that the information contained in this record is true and correct.

Signature of Instructor	Printed Name of Instructor	Instructor's Initials	TDLR License #
Signature of Instructor	Printed Name of Instructor	Instructor's Initials	TDLR License #
Signature of Teacher of Record (ST or DET)	Printed Name of Instructor	Instructor's Initials	TDLR License #

I hereby certify that I have completed the entire six (6) hour course and the information on this record is true and correct.

 Signature of Student Date