

(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

LEGEND: A = ABSENT P = PRESENT IS = INDEPENDENT STUDY O = OBSERVATION MU = MAKE-UP T = TERMINATION W = WITHDREW

Mo.	Day	Yr.	Class Time (i.e. 4:00 – 6:00 PM)	Legend	Hours	Instructional Topics: These topics should match DE 290)	Grade	Instructor Initials
			– ___M			Overview of Driver Education I		
			– ___M			Curriculum Overview/Course Goals		
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M					
			– ___M			Liability and Responsibility		
			– ___M					
			– ___M			Evaluation/Assessment Skills of the DE Student		
			– ___M					
			– ___M					
			– ___M			Instructor Conduct/Professionalism/ Public Relations		
			– ___M					
			– ___M			Public Relations/Image		
			– ___M			Driver Education Code, Rule, and Standards Review		
			– ___M					
			– ___M			Final Examination		

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

_____ Signature of Instructor	_____ Printed Name of Instructor	_____ Instructor's Initials	_____ License Number of Instructor
_____ Signature of Instructor	_____ Printed Name of Instructor	_____ Instructor's Initials	_____ License Number of Instructor
_____ Signature of Instructor	_____ Printed Name of Instructor	_____ Instructor's Initials	_____ License Number of Instructor

I hereby certify that I have completed the classroom phase and that the information on this record is true and correct.

Signature of Student

Date

By my signature, I certify that I am responsible for all classroom instruction shown on this form.

_____ Signature of Supervising	_____ Printed Name of Supervising	_____ License Number	_____ Date
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