DE 2

INDIVIDUAL TRAINEE CLASSROOM RECORD

Exhibit DE2-2

(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 II		
			– ____M			Curriculum Overview		
			– ____M					
			– ____M					
			– ____M					
			– ____M			Commentary Driving Techniques		
			– ____M					
			– ____M			Factors that Influence Learning and Habit Formation		
			– ____M			In-Car Lesson Planning / Scheduling / Designing		
			– ____M					
			– ____M					
			– ____M			Vocabulary / Communication		
			– ____M			Risk Management		
			– M			In-car Debriefing		
			– ____M			Proper Record Keeping and Maintenance		
			– ____M			Classroom Laboratory (see second page)		
			– ____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

DE 2

INDIVIDUAL TRAINEE LABORATORY RECORD

Exhibit DE2-2

(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 **O** – Observation T – Student Teaching **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			Initial assessment of trainee's driving skills by instructor trainer		
			– ____M					
			– ____M			Observation of in-car teaching techniques as given by TEA licensed instructor		
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M			Practice of Instructor Risk Management / Emergency Procedures		
			– ____M					
			– ____M			In-Car trainee student teaching		
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M					
			– ____M			Trainee in-car student teaching final assessment under the supervision and observation of TEA licensed instructor		

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