

Teen

INDIVIDUAL STUDENT CLASSROOM RECORD



(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 AS = ALTERNATE SCHEDULING MU = MAKE-UP T = TERMINATION W = WITHDREW

| Mo. | Day | Yr. | Class Time (i.e. 4:00 – 6:00 PM) | Legend | Day of Training | Module Topics and Sub-Topics | Grade | TA (Full) Initials | DET Initials |
|-----|-----|-----|-------------------------------------|--------|--------------------|-------------------------------------|-------|-----------------------|-----------------|
| | | | - ___M | | 1 | Module 1 Traffic Laws | | | |
| | | | - ___M | | 2 | Module 1 Traffic Laws | | | |
| | | | - ___M | | 3 | Module 1 Traffic Laws | | | |
| | | | - ___M | | 4 | Module 2 Driver Preparation | | | |
| | | | - ___M | | 5 | Module 3 Vehicle Movements | | | |
| | | | - ___M | | 6 | Module 4 Driver Readiness | | | |
| | | | - ___M | | 7 | Module 5 Risk Reduction | | | |
| | | | - ___M | | 8 | Module 6 Environmental Factors | | | |
| | | | - ___M | | 9 | Module 7 Distractions | | | |
| | | | - ___M | | 10 | Module 8 Alcohol and Other Drugs | | | |
| | | | - ___M | | 11 | Module 8 Alcohol and Other Drugs | | | |
| | | | - ___M | | 12 | Module 8 Alcohol and Other Drugs | | | |
| | | | - ___M | | 13 | Module 9 Adverse Conditions | | | |
| | | | - ___M | | 14 | Module 10 Vehicle Requirements | | | |
| | | | - ___M | | 15 | Module 11 Consumer Responsibilities | | | |
| | | | - ___M | | 16 | Module 12 Driver Responsibilities | | | |

MAKE-UP LESSONS (No more than 10 hours)

| | | | | | | | | | |
|--|--|--|--------|--|--|--|--|--|--|
| | | | - ___M | | | | | | |
| | | | - ___M | | | | | | |
| | | | - ___M | | | | | | |
| | | | - ___M | | | | | | |
| | | | - ___M | | | | | | |

Final Grade _____ Total Class Hours _____ Date Started _____ Date Ended _____

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 Teacher of Record | _____ Printed Name of Teacher of Record | _____ License Number | _____ Date |
|---|--|-------------------------|---------------|