



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

28-HOUR DRIVING SAFETY INSTRUCTOR DEVELOPMENT COURSE STUDENT INSTRUCTION RECORD

DO NOT WRITE ABOVE THIS LINE

This form must be signed by the course provider; and the original submitted with instructor license application.

| | | | |
|--|-------|--------|-----------|
| Name of Trainee: <small>(Please print or type)</small> | DL# | Phone# | |
| Mailing Address: | City: | State: | Zip Code: |

16 INSTRUCTIONAL HOURS: *Techniques of instruction and in-depth familiarization with the driving safety curriculum materials*

Location where instructional

IDC training occurred:

Street Address

City

State

| Date of Practice Teaching | Lesson Time (Hours) | Location | Grade (Aptitude &) | Signature of DSIT | Instructor License # |
|---------------------------|---------------------|----------|---------------------|-------------------|----------------------|
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Total Hours:
(Minimum 12)

Practice Teaching Other Specialized Training *(check as applicable)*

I certify that all the training dates, hours of training, and signatures on this 16-hour IDC training record are true and correct to the best of my knowledge and belief, and I understand that by submitting false or misleading information on this training record I may be subject to suspension, denial, or

Signature of IDC Instructor Trainer

Signature of Trainee

12 PRACTICAL TEACHING HOURS: *Twelve hours of practical teaching or demonstrative presentation. Observation will not be considered as valid training. Only actual time of instruction under the observation of an instructor trainer will be accepted for practice teaching and/or other specialized training.*

| Date of Practice Teaching | Lesson Time (Hours) | Location | Grade (Aptitude &) | Signature of DSIT | Instructor License # |
|---------------------------|---------------------|----------|---------------------|-------------------|----------------------|
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Total Hours:
(Minimum 12)

Practice Teaching Other Specialized Training *(check as applicable)*

I certify that all the training dates, hours of training, and signatures on this 16-hour IDC training record are true and correct to the best of my knowledge and belief, and I understand that by submitting false or misleading information on this training record I may be subject to suspension, denial, or revocation of my driving safety instructor license.

Signature of Driving Safety Instructor Trainer

Signature of Trainee

Signature of Course Provider or Designated Representative

Date