

## 36-HOUR DRIVING SAFETY INSTRUCTOR DEVELOPMENT COURSE STUDENT INSTRUCTION RECORD

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

Name of Trainee: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**24 INSTRUCTIONAL HOURS:** *Techniques of instruction, in-depth familiarization with curriculum materials, etc.*

Location where instructional IDC training occurred: \_\_\_\_\_  
Street Address City State

| Date Instruction Occurred                  | Lesson Time (Hours) | Subject Taught                        | Grade (Aptitude & Development) | Signature of IDC-DSIT | TDLR License # |
|--|---------------------|---------------------------------------|--------------------------------|-----------------------|----------------|
|  |                     |                                       |                                |                       |                |
|  |                     |                                       |                                |                       |                |
|  |                     |                                       |                                |                       |                |
|  |                     |                                       |                                |                       |                |
| <b>Total Hours:</b><br><i>(Minimum 24)</i> |                     | <b>Name of Driving Safety Course:</b> |                                |                       |                |

I certify that all the training dates, hours of training, and signatures on this 24 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.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of IDC Instructor Trainer Signature of Trainee

**12 PRACTICAL TEACHING HOURS:** *Twelve hours of training are required. 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. NOTE: Graduation reports for the classes where practice teaching and/or other specialized training occurred must accompany this training record.*

| Date of Practice Teaching                  | Lesson Time (Hours) | Location  | Grade (Aptitude & Development) | Signature of DSIT | TDLR License # |
|--|---------------------|---|--------------------------------|-------------------|----------------|
|  |                     |   |                                |                   |                |
|  |                     |   |                                |                   |                |
|  |                     |   |                                |                   |                |
|  |                     |   |                                |                   |                |
| <b>Total Hours:</b><br><i>(Minimum 12)</i> |                     | <input type="checkbox"/> Practice Teaching <input type="checkbox"/> Other Specialized Training <i>(check as applicable)</i> |                                |                   |                |

I certify that all the training dates, hours of training, and signatures on this 12 hour 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.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Driving Safety Instructor Trainer Signature of Trainee

X \_\_\_\_\_ \_\_\_\_\_  
Signature of Course Provider or Designated Representative Date