

Please submit **BEFORE July 10** to:

Fran Penner-Ray, Director
Traffic Education Programs
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Or fax to: (406) 444-2955

FORM TE06
YEAR-END REPORT
 Traffic Education Programs

FOR SCHOOL YEAR:
 July 1, _____ to June 30, _____

_____ District/School

_____ Person Completing Form

Phone: _____

*You can enter this report online via the **Traffic Education Data & Reporting System (TEDRS)**. If you need access, contact OPI for a username and instructions on using TEDRS to enter your TE01, TE03/04 and TE06 forms.*

TRAFFIC EDUCATION PROGRAM (Check all that apply and provide the requested information)

- A. Regarding your traffic education program, did you:
- ___ 1. Offer traffic education: Before School During School After School Summer
 - ___ 2. Charge a fee for each student enrolled in traffic education during:
 1st semester: \$ _____ 2nd semester: \$ _____ Summer: \$ _____
 - ___ 3. Plan to **increase the fee** charged students for the next school year and summer? If yes, indicate new fee: \$ _____
 - ___ 4. **Grant credit** for successful completion of traffic education?
 - ___ 5. Screen students for **visual acuity** before they are permitted behind-the-wheel?
 - ___ 6. Employ a traffic and safety education **coordinator** and/or supervisor?
 - ___ 7. Offer **pedestrian safety** instruction in your elementary and middle schools?
 - ___ 8. Offer **school bus rider safety** instruction in your elementary and middle schools?
 - ___ 9. Offer **bicycle safety** instruction in your elementary and middle schools?
 - ___ 10. Make your traffic education program available to **adult beginning drivers**?
 - ___ 11. Make your traffic education program available to **students with disabilities**?
 - ___ 12. Teach an instructional unit on sharing the road with **motorcycles**?
 - ___ 13. Emphasize and require use of **seat belts**?
 - ___ 14. Teach an instructional unit on the **effects of alcohol & drugs** and encourage students not to drive impaired?
 - ___ 15. Use OPI's current **Montana Teen Driver Curriculum** modules?
 - ___ 16. Utilize **computers** as part of the traffic education program?
 - ___ 17. Conduct follow-up research to determine the accident involvement and violation rate of students who have successfully completed the traffic education program?
 - ___ 18. Require **Parent Meeting** to review schedule, requirements and best practices for Graduated Driver Licensing (GDL)?
 - ___ 19. Participate in the **Cooperative Driver Testing Program (CDTP)** and administer the state driver license tests to your students?
 - ___ 20. Use OPI web site to obtain traffic education information?

B. Primary textbook you used: Title: _____ Edition or Year: _____

VEHICLES (Check all that apply and provide the requested information)

- C. How many vehicles are used annually in your traffic education program? _____
- D. How does the district obtain traffic education vehicles? (Check all that apply)
- ___ 1. Free loan ___ 2. Daily fee ___ 3. Lease or rental ___ 4. District- owned ___ 5. Instructor-owned
 - ___ 6. Other: _____
- E. Was/were your district traffic education vehicle(s) involved in a crash(es) during the reporting period?
- 1. Number of traffic crashes: _____
 - 2. Number of persons injured: _____
 - 3. Number of persons killed: _____
 - 4. Amount of property damage: \$ _____

INSTRUCTORS (Check all that apply and provide the requested information)

- F. Number of qualified instructors teaching traffic education: 1. Full-time: _____ 2. Part-time: _____
 G. Which payment method(s) and rate(s)/amount(s) used by your district for traffic education instructor’s salaries:

| <u>School Year Payment Method(s)</u> | <u>Summer Payment Method(s)</u> |
|--------------------------------------|-------------------------------------|
| ____ 1. Hourly | ____ 1. Hourly |
| ____ 2. Weekly | ____ 2. Weekly |
| ____ 3. Monthly | ____ 3. Monthly |
| ____ 4. Per Pupil | ____ 4. Per Pupil |
| ____ 5. Portion of scheduled salary | ____ 5. Portion of scheduled salary |
| ____ 6. Other | ____ 6. Other |

What does your payment method equate to in hourly wages?

| <u>School Session</u> | <u>Summer Session</u> |
|-------------------------------|-------------------------------|
| Hourly maximum rate: \$ _____ | Hourly maximum rate: \$ _____ |
| Hourly minimum rate: \$ _____ | Hourly minimum rate: \$ _____ |

- H. _____ **TOTAL STUDENTS** completing at least 50% of both classroom and driving instruction during this reporting period.
 I. **BUDGET** - List below all current fiscal year operational costs incurred including salaries for your traffic education programs *regardless of the funding source*.

| <u>Traffic Education Program Expenditures</u> | <u>Amount</u> |
|---|-----------------|
| 1. Gross Salaries | \$ _____ |
| 2. Employer's contribution for employee social security, retirement | \$ _____ |
| 3. Other employee benefits and professional development | \$ _____ |
| 4. Vehicle rent, lease or purchase fees | \$ _____ |
| Option - If vehicle is school-owned, calculate the yearly cost based on the current federal per-mile rate | |
| 5. Vehicle fuel, oil, repairs, maintenance and installations | \$ _____ |
| 6. Vehicle insurance premiums | \$ _____ |
| 7. Instructional equipment (computers, etc.) | \$ _____ |
| 8. Rental fees for video, equipment, etc. | \$ _____ |
| 9. Textbooks and supplies | \$ _____ |
| 10. Instructor professional development, training, and/or conference attendance | \$ _____ |
| 11. _____ | \$ _____ |
| 12. _____ | \$ _____ |
| J. TOTAL COST INCURRED (add lines 1 through 12): | \$ _____ |
| K. AVERAGE COST PER PUPIL (Line J, Total Cost is divided by Line H, Number of Students) | \$ _____ |

ENROLLMENT

- L. Indicate the number of eligible students, within the district boundaries, who desired to take traffic education and who were not able to do so because of: 1. Insufficient classes: _____ 2. Scheduling conflicts: _____
 3. Other: _____ Explain: _____
 4. How does your district deal with eligible students unable to take the class when they desire?
 ____ a. First Come ____ b. Oldest Served First ____ c. Other. Explain: _____

I confirm that this year-end report is accurate and complete to the best of my knowledge. I understand that traffic education reimbursement for my school will not be processed unless this form is completed and submitted to the Office of Public Instruction before **July 10**.

| | | |
|---|-------|----------------------|
| Signature, District Administrative Official | Title | Date |
| Email address: _____ | | Daytime phone: _____ |