



Please return to:  
**Traffic Education Programs**  
**Montana Office of Public Instruction**  
**PO Box 202501**  
**Helena, MT 59620-2501**

**FORM TE01**  
**APPLICATION FOR APPROVAL**  
**Traffic Education Program for Young Novice Drivers**  
**FOR SCHOOL YEAR: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_**

**DUE BEFORE PROGRAM STARTS:** OPI approval must be received before the traffic education program begins.

You must enter this form at the OPI's website via the **Traffic Education Data & Reporting System (TEDRS)**. For access to TEDRS, contact the Traffic Education Office at (406) 444-4432 or send an email with your name, school district, email address, and phone number to [LeAnn.Haas@mt.gov](mailto:LeAnn.Haas@mt.gov).

District Superintendent's Name: \_\_\_\_\_

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**I. TRAFFIC EDUCATION TEACHER:** The traffic education teacher must have approval as a traffic education teacher prior to the beginning date of the program in order for the district to be eligible for state reimbursement (10.13.308(3), 10.13.310, ARM). Name(s) of teacher(s) for this program: \_\_\_\_\_

**II. PROGRAM REQUIREMENTS:** School districts must provide programs that meet the requirements for an approved traffic education program to be eligible for reimbursement and to legally put a student driver behind the wheel (10.13.307-313, ARM).

**PROGRAM (Check box for YES)**

1. ☐ Consists of at least 60 hours of instruction, six of which must be driving behind-the-wheel.
2. ☐ Each student will receive instruction on at least 25 separate days.
3. ☐ The in-traffic behind-the-wheel instruction is conducted over no less than 6 days, which may count as part of the total 25 days.
4. ☐ All students enrolled in the course will reach their 15<sup>th</sup> birthday within 6 months of the course completion date.
5. ☐ Each student will possess a proper learner's license or traffic education permit to legally operate a vehicle on Montana roadways.
6. ☐ All phases of the program will be scheduled so students receive integrated or concurrent classroom and driving instruction.
7. ☐ The district traffic education course is based on a current curriculum guide available from the Office of Public Instruction.
8. ☐ Students meet or exceed the identified objectives in OPI's current Traffic Education Curriculum Guide in order to be certified as successfully completing the program.
9. ☐ The program is scheduled so that a sufficient number of courses are provided to allow every eligible youth within the school geographic jurisdiction an equitable opportunity to enroll, pursuant to MCA 61.5.106.
10. ☐ A Parent Meeting is required to review the schedule, requirements and parent role in Graduated Driver Licensing.
11. ☐ Participates in the Cooperative Driver Testing Program (CDTP) and all instructors are CDTP-certified.

**VEHICLES (Check box for YES)**

12. ☐ Does the District own their traffic education vehicle(s)?
13. ☐ If the District leases or borrows traffic education vehicles, does the District use the "School/Dealer Vehicle Use Agreement" or its equivalent when the vehicle is leased or loaned by a automobile dealer?
14. The vehicle will be:
  - ☐ properly licensed
  - ☐ properly insured to provide adequate protection for all concerned
  - ☐ used exclusively for traffic education

**VEHICLES** (continued - check box for YES)

15. ☐ The vehicle will be equipped with a dual-control brake, two exterior mirrors, a first aid kit, flare or reflectors, a fire extinguisher, and an accident report form.
16. ☐ The vehicle will be properly identified with a minimum of two exterior signs.

**ORGANIZATION** (Check box for YES)

17. Indicate the **range of start and completion dates** for each semester session you conduct: **(must be scheduled so each student receives instruction on at least 25 days). NOTE: Completion dates must fall within the July 1 to June 30 school year. Summer programs with completion dates ending in July or August should be entered on the application for the following school year.):**

☐ First semester: Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Second semester: Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Summer: Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

18. Indicate **when** the following will be taught:

Classroom:	<input type="checkbox"/> Before school	<input type="checkbox"/> During school hours	<input type="checkbox"/> After school	<input type="checkbox"/> Summer
Behind-the-wheel (BTW):	<input type="checkbox"/> Before school	<input type="checkbox"/> During school hours	<input type="checkbox"/> After school	<input type="checkbox"/> Summer
Other:	<input type="checkbox"/> Before school	<input type="checkbox"/> During school hours	<input type="checkbox"/> After school	<input type="checkbox"/> Summer

19. Indicate the **number of hours** of instruction each student will receive for the following **(must be a minimum of 60 hours, of which a minimum of 6 hours must be behind-the-wheel):**

Classroom: \_\_\_\_ Behind-the-wheel: \_\_\_\_ Observation: \_\_\_\_ Simulation: \_\_\_\_ Other: \_\_\_\_ TOTAL HOURS: \_\_\_\_

20. DAYS: \_\_\_\_ Indicate the number of days of instruction each student will receive. **Parent Meeting and BTW can count as part of 25-day minimum if scheduled on separate days.**

21. Approximate district-wide 9<sup>th</sup> grade population this school year: \_\_\_\_

22. How many traffic education students do you expect to enroll over this application period? \_\_\_\_

**CERTIFICATION**

I certify that the school district Traffic Education Program will be established and maintained in accordance with the current standards outlined by the Office of Public Instruction; rules 10.13.301-313, ARM; and sections 20-7-501-507, MCA; and that **all eligible youth in the geographic boundaries of the district will have an equitable opportunity to enroll.**

\_\_\_\_\_  
Signature, District Administrative Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address of District Administrative Official

\_\_\_\_\_  
Daytime phone number

**OPI USE ONLY**

☐ Approved

☐ Conditional Approval

☐ Not Approved

\_\_\_\_\_  
Signature, Traffic Education Program

\_\_\_\_\_  
Date