

Please submit via TEDRS or MAIL

BEFORE July 10 to:

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

TE06

YEAR-END REPORT
Traffic Education Programs

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

District/School

Name of person completing form

Phone: _____

*Enter and submit this report online via the **Traffic Education Data & Reporting System (TEDRS)**.*

THIS TE06 YEAR-END REPORT WAS UPDATED IN 2022.

PLEASE ANSWER ALL QUESTIONS AND SUBMIT BEFORE JULY 10.

A. TRAFFIC EDUCATION PROGRAM (Check the box for "yes" and provide the requested information)

1. Regarding your traffic education program administration, schedule and fees, did your district:

- ☐ Employ a traffic and safety education coordinator and/or supervisor?
- ☐ Grant credit to students for successful completion of traffic education?
- ☐ Offer traffic education: ☐ Before School ☐ During School ☐ After School ☐ Summer
- ☐ Charge a fee for each in-district student enrolled in traffic education during:
1st semester: \$ _____ 2nd semester: \$ _____ Summer: \$ _____
- ☐ Plan to increase the fee charged students for the next school year and summer? If yes, indicate new fee: \$ _____
- ☐ Enroll out-of-district students? If checked, how many out-of-district students enrolled? _____
From which district(s) did you accept out-of-district students: _____
Out-of-district fee (if different): 1st semester: \$ _____ 2nd semester: \$ _____ Summer: \$ _____

2. Regarding your traffic education program's requirements for state-approval, did your district:

- ☐ Screen students' vision with an eye exam before students began behind-the-wheel instruction?
- ☐ Hold a Parent Meeting to review schedule, requirements, and parent/guardian role in Graduated Driver Licensing (GDL)?
- ☐ Offer traffic education to students with disabilities?
- ☐ Emphasize occupant protection measures and require the use of seat belts?
- ☐ Teach an instructional unit on the effects of alcohol & drugs and encourage students to not drive impaired?
- ☐ Teach an instructional unit on distracted driving and encourage students not to drive distracted?
- ☐ Follow the instructional content standards guidelines in the OPI's Traffic Education Curriculum Guide?

3. Regarding your traffic education program's optional instructional units, did your district:

- ☐ Offer pedestrian safety instruction in the elementary and/or middle schools?
- ☐ Offer school bus rider safety instruction in the elementary and middle schools?
- ☐ Offer bicycle safety instruction in the elementary and/or middle schools?
- ☐ Teach an instructional unit on sharing the road with motorcycles?
- ☐ Use the Office of Public Instruction (OPI) web site to obtain traffic education information?
- ☐ Offer traffic education to adult beginners?

4. Regarding Traffic Education curriculum materials, did your district use:

- ☐ The Montana Teen Driver Curriculum Modules (distributed by the OPI), delivered in the classroom.
- ☐ Did your district modify or convert the OPI Curriculum to an online format and use it for online instruction?
If yes, check the applicable formats: ☐ Google Classroom ☐ Zoom ☐ Teams ☐ Other _____
- ☐ A primary textbook. Title: _____ Year or Edition: _____
- ☐ Other: Please specify: _____

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

- How many vehicles are used annually in your traffic education program? _____
- How does your district obtain traffic education vehicles? *(Check all that apply)*
☐ District-owned ☐ Lease or rent from Dealer ☐ Free loan from Dealer
☐ Other: _____
- Did you purchase a new or used vehicle for your traffic education program this year? ____ Yes ____ No
 If yes, how many vehicles were purchased? _____ Total cost of vehicle(s) purchased: \$ _____
(Vehicle purchases are not entered in your annual budget accounting, but entered here for informational purposes only.)
- If your traffic education vehicle(s) was involved in a crash during the reporting period, please enter the applicable data below.
 - Number of traffic crashes: _____
 - Number of persons injured: _____
 - Number of persons killed: _____
 - Amount of property damage: \$ _____

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

- Number of state-approved traffic education instructors in your district: 1. Full-time: _____ 2. Part-time: _____
- Which payment method(s) and rate(s) are used by your district for traffic education instructors' salaries:

<u>School Year Payment Method(s)</u> <input type="checkbox"/> 1. Hourly <input type="checkbox"/> 2. Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Per Pupil <input type="checkbox"/> 5. Portion of scheduled salary <input type="checkbox"/> 6. Other	<u>Summer Payment Method(s)</u> <input type="checkbox"/> 1. Hourly <input type="checkbox"/> 2. Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Per Pupil <input type="checkbox"/> 5. Portion of scheduled salary <input type="checkbox"/> 6. Other
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- What does your payment method equate to in hourly wages?

<u>School Session</u> Hourly maximum rate: \$ _____ Hourly minimum rate: \$ _____	<u>Summer Session</u> Hourly maximum rate: \$ _____ Hourly minimum rate: \$ _____
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D. ENROLLMENT

- Indicate the number of eligible students, within your district's boundaries, who desired to take and/or complete traffic education and who were **not** able to do so because of:

<input type="checkbox"/> Insufficient classes due to teacher shortage: _____	<input type="checkbox"/> Scheduling conflicts: _____
<input type="checkbox"/> Course Cancellation (inability to complete due to health safety concerns and restrictions): _____	
<input type="checkbox"/> Other: _____ Explain: _____	
- How does your district prioritize enrollment if you are not able to enroll all students who wish to take traffic education?

<input type="checkbox"/> Date registered (first come/first served)	<input type="checkbox"/> Oldest students have priority	<input type="checkbox"/> Lottery method
<input type="checkbox"/> Other: _____		

E. REIMBURSEMENT TALLY**_____ TOTAL NUMBER OF STUDENTS ELIGIBLE FOR REIMBURSEMENT**

Enrolled students do not have to successfully complete the course for the district to receive reimbursement; students must complete at least 50% of the classroom instruction and 50% of the BTW instruction. Use the Student Count total calculated in TEDRS.

F. BUDGET - List below all combined fiscal year operational costs for your traffic education program:

Traffic Education Program Expenditures	Amount
1. Gross Salaries	\$ _____
2. Employer's contribution for employee Social Security, Medicare, retirement	\$ _____
3. Other employee benefits	\$ _____
4. For district-owned vehicles, calculate the annual cost based on the current federal per-mile rate OR enter actual expenses for fuel, repairs, maintenance, and installations ...	\$ _____
5. For leased/loaned vehicles, calculate costs based on actual expenses for lease, fuel, maintenance, and installations	\$ _____
6. Vehicle insurance premium(s)	\$ _____
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. _____	\$ _____

G. TOTAL COST INCURRED (add lines 1 through 12): \$ _____

H. AVERAGE COST PER PUPIL (Total Cost divided by Number of Students) \$ _____

SIGNATURE CONFIRMATION

I confirm that this Year-end Report is accurate and complete to the best of my knowledge. I understand that the traffic education reimbursement payment for my school is dependent on the complete and timely submission of this report to the Office of Public Instruction before July 10 (unless extenuating circumstances are pre-approved by the OPI).

Signature, District Administrative Official

Title

Date

Print District Administrative Official's Name

Email address: _____ Daytime phone: _____