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):

1. How many vehicles are used annually in your traffic education program? __________

2. How does your district obtain traffic education vehicles? (Check all that apply)
   - District-owned
   - Lease or rent from Dealer
   - Free loan from Dealer
   - Other: __________________________________________________________________________

3. 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.)

3. If your traffic education vehicle(s) was involved in a crash during the reporting period, please enter the applicable data below.
   1. Number of traffic crashes: ______
   2. Number of persons injured: ______
   3. Number of persons killed: ______
   4. Amount of property damage: $ __________

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

1. Number of state-approved traffic education instructors in your district: 1. Full-time: ______ 2. Part-time: ______

2. Which payment method(s) and rate(s) are used by your district for traffic education instructors’ salaries:

<table>
<thead>
<tr>
<th>School Year Payment Method(s)</th>
<th>Summer Payment Method(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hourly</td>
<td>1. Hourly</td>
</tr>
<tr>
<td>2. Weekly</td>
<td>2. Weekly</td>
</tr>
<tr>
<td>4. Per Pupil</td>
<td>4. Per Pupil</td>
</tr>
<tr>
<td>5. Portion of scheduled salary</td>
<td>5. Portion of scheduled salary</td>
</tr>
<tr>
<td>6. Other</td>
<td>6. Other</td>
</tr>
</tbody>
</table>

3. What does your payment method equate to in hourly wages?

<table>
<thead>
<tr>
<th>School Session</th>
<th>Summer Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly maximum rate: $_________</td>
<td>Hourly maximum rate: $_________</td>
</tr>
<tr>
<td>Hourly minimum rate: $_________</td>
<td>Hourly minimum rate: $_________</td>
</tr>
</tbody>
</table>

D. ENROLLMENT

1. 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:
   - Insufficient classes due to teacher shortage: _________
   - Scheduling conflicts: _________
   - Course Cancellation (inability to complete due to health safety concerns and restrictions): _________
   - Other: _______ Explain: _________________________________________________________________________

2. How does your district prioritize enrollment if you are not able to enroll all students who wish to take traffic education?
   - Date registered (first come/first served)
   - Oldest students have priority
   - Lottery method
   - 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:

<table>
<thead>
<tr>
<th>Traffic Education Program Expenditures</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross Salaries</td>
<td>$_______</td>
</tr>
<tr>
<td>2. Employer's contribution for employee Social Security, Medicare, retirement</td>
<td>$_______</td>
</tr>
<tr>
<td>3. Other employee benefits</td>
<td>$_______</td>
</tr>
<tr>
<td>4. For <strong>district-owned</strong> vehicles, calculate the annual cost based on the current federal per-mile rate <strong>OR</strong> enter actual expenses for fuel, repairs, maintenance, and installations . . .</td>
<td>$_______</td>
</tr>
<tr>
<td>5. For <strong>leased/loaned</strong> vehicles, calculate costs based on actual expenses for lease, fuel, maintenance, and installations . . .</td>
<td>$_______</td>
</tr>
<tr>
<td>6. Vehicle insurance premium(s)</td>
<td>$_______</td>
</tr>
<tr>
<td>7. Instructional equipment (computers, etc.)</td>
<td>$_______</td>
</tr>
<tr>
<td>8. Rental fees for video, equipment, etc.</td>
<td>$_______</td>
</tr>
<tr>
<td>9. Textbooks and supplies</td>
<td>$_______</td>
</tr>
<tr>
<td>10. Instructor professional development, training, and/or conference attendance</td>
<td>$_______</td>
</tr>
<tr>
<td>11. __________________________________________________________________________</td>
<td>$_______</td>
</tr>
<tr>
<td>12. __________________________________________________________________________</td>
<td>$_______</td>
</tr>
</tbody>
</table>

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

Email address: ___________________________________________ Daytime phone: ________________________

________________________________________________________
Print District Administrative Official’s Name