



Annual Program Plan

Driver Education Program

Annual Program Plans must be submitted and approved for the authorization to operate a program and be eligible for reimbursement (Idaho Code 33-1704, 33-1707). Approved Annual Program Plans are valid from July 1-June 30 each year.

PROGRAM INFORMATION

| | |
|--|---|
| District Name | |
| District Number | |
| Academic Year | |
| Class Start Date | |
| Classroom Delivery | In Person <input type="checkbox"/> Online through IDLA <input type="checkbox"/> |
| Contracting with a private driving school? | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of the contract</i> |

PROGRAM CONTACT INFORMATION

Driver Education Coordinator

| | |
|--------------|--|
| Name | |
| Phone Number | |
| Email | |

Business Manager

| | |
|--------------|--|
| Name | |
| Phone Number | |

| | |
|--------------|--|
| Name | |
| Email | |

Location(s) of Program

List the schools where driver education program is located for the district/school.

| School Name | Address |
|--------------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

INSURANCE

| | |
|---|--|
| Name on Policy | |
| Address on Policy | |
| Phone Number on Policy | |
| Email Associated with Policy | |
| Insurance Company Name | |
| Insurance Agent | |
| Insurance Company's Phone Number | |

| | |
|-------------------------|--|
| Name on Policy | |
| Minimum Coverage | <p>Does the current insurance policy have a limit of not less than \$500,000 for bodily or personal injury, death, or property damage or loss as the result of any one (1) occurrence or accident, regardless of the number of persons injured or the number of claimants?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

Attach a copy of insurance card.

Vehicles Covered

| Make | Model | Year | VIN Number |
|------|-------|------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---------------------------------------|--|
| Policy Holder's Name (printed) | |
| Policy Holder's Signature | |
| Date | |



DRIVER EDUCATION INSTRUCTOR INFORMATION

For certification and approval to teach driver education for program, list the instructors who will be teaching classroom and/or in-car.

| Full Name | Driver's License Number | Date of Birth | Email | Phone | Instructor Type | Section for Department Personnel |
|-----------|-------------------------|---------------|-------|-------|---|---|
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |

| Full Name | Driver's License Number | Date of Birth | Email | Phone | Instructor Type | Section for Department Personnel |
|-----------|-------------------------|---------------|-------|-------|---|---|
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |

| Full Name | Driver's License Number | Date of Birth | Email | Phone | Instructor Type | Section for Department Personnel |
|-----------|-------------------------|---------------|-------|-------|---|---|
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> Classroom <input type="checkbox"/> In-Car | Physical <input type="checkbox"/> Clear DR <input type="checkbox"/> BC <input type="checkbox"/> PD <input type="checkbox"/> Approved <input type="checkbox"/> |



REQUIREMENTS CHECKLIST

| Requirement | Completed | Section for Department Personnel |
|------------------------------------|---|--|
| Program Information | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Program Contact Information | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Contract Submitted | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Instructor Information | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Insurance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Insurance Card Submitted | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Vehicle Inspections | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Required Equipment | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |
| Necessary Repairs completed | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved <input type="checkbox"/> Missing Information <input type="checkbox"/> |