



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"/>
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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"/>