Driver Education Provider

ADULT CONTRACT CHECKLIST

Michigan Department of State
10/26/2023

KEY: A = Adult • AS1 = Adult Segment 1 • AS2 = Adult Segment 2
R = Required • O = Optional • E = Exactly as Written • NA = Not Applicable

This document will provide you with the information needed to create your own contract with your attorney. Sample contracts are provided for your use. The sample contracts provide terms exceeding the state minimum requirements (e.g. 26 hours of classroom instruction, 75% state exam passing score, mandatory parent meeting, etc.). If you also have a Teen classification, you **MUST** include adult contracts for both Segment 1 and 2.

A	AS1	AS2	HEADER INFORMATION	✓
R	R	R	Name of Provider – Full name including DBA.	☐
R	R	R	Business Address – Street, city, state, zip code.	☐
R	R	R	Business Phone Number.	☐
R	R	R	State Certification Number – "P" number.	☐
R	R	R	Business Operating Hours and Days.	☐
O	R	R	Program Number – Example: 19-1-2/12 (19 = Year; 1 = Segment; 2/12 = Month/Date Class begins.).	☐
R	R	R	Title of Contract – "Adult BTW Contract; Adult Segment 1 Contract; Adult Segment 2 Contract.	☐
NA	R	R	Classroom Location	☐
A	**AS1**	**AS2**	**STUDENT INFORMATION**	✓
R	R	R	Name of Student – First, middle and last name as reported on TIP.	☐
R	R	R	Student Address – Street, city, state, zip code.	☐
R	R	R	Student Phone Number – Home or Cell.	☐
R	R	R	Student Date of Birth – Show as mm-dd-yyyy.	☐
R	NA	NA	TIP Number and Expiration Date.	☐
R	R	R	Emergency Contact Person.	☐
A	**AS1**	**AS2**	**COURSE PROVISIONS** (Items that are bold faced must be exactly as written and must include bold faced font.)	✓
R	E	NA	**(Insert Provider name) will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor.**	☐
NA	O	O	**Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.**	☐
E	E	NA	**(Insert Provider name) will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**	☐
NA	NA	E	**(Insert Provider name) will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor.**	☐
E	E	E	**Students must obtain a Temporary Instruction Permit (TIP) by achieving a score of 80% or higher on the State of Michigan "Knowledge" test.**	☐
NA	E	E	ALL Dates for the Course – Jan. 21, 22, 23, Feb. 2, 3, etc.	☐
A	**AS1**	**AS2**	**COURSE TERMS** (Items that are bold faced must be exactly as written and must include bold faced font.)	✓
NA	R	R	Total Fee of the Course.	☐
R	O	O	Fee Per/hour.	☐

NA	R	R	All course materials included with the total fee of the course (i.e. DOT physical examination and drug screen, basic TIP fee, plus the 3rd party – tester fee and the use of a Doing It Right tractor – trailer for one State of Michigan approved CDL driver license test.).	☐
E	E	O	**Students must present a current Temporary Instruction Permit at the time the course begins.**	☐
NA	O	O	Course Make-up Policy.	☐
R	R	R	Cancellation Policy – Including fees (BTW instruction etc.).	☐
A	**AS1**	**AS2**	**REQUIREMENTS TO PASS THE COURSE** (Items that are bold faced must be exactly as written and must include bold faced font.)	✓
	R	R	Passing Score for any State Exam, Tests or Quizzes.	☐
	O	O	Additional Requirements – For passing that affect the student's grade (e.g., homework or quizzes, test, etc.).	☐
O	R	O	**The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.**	☐
A	**AS1**	**AS2**	**REFUND POLICY**	✓
R	R	R	Must B – Clearly written and easy to understand.	☐
A	**AS1**	**AS2**	**ACCOMMODATIONS/MEDICAL CONDITIONS** (Items that are bold faced must be exactly as written and must include bold faced font.)	✓
NA	R	R	Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes __ No __ If Yes, please explain:	☐
R	R	O	Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes __ No __ If Yes, please explain:	☐
R	R	O	Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes __ No __ If Yes, please explain:	☐
A	**AS1**	**AS2**	**SIGNATURES**	✓
R	R	R	Student Signature and Date Signed.	☐
R	R	R	Provider's Authorized Official Signature and Date Signed.	☐
A	**AS1**	**AS2**	**FOOTER STATEMENT** (Items that are bold faced must be exactly as written and must include bold faced font.)	✓
R	R	R	**NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.**	☐