



TEEN CONTRACT CHECKLIST

KEY: S1 = Segment 1 • S2 = 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.). Items that are "Required" may vary in language according with your business.

S1	S2	HEADER INFORMATION	<input checked="" type="checkbox"/>
R	R	Name of Provider – Full name including DBA.	<input type="checkbox"/>
R	R	Business Physical Address – Street, city, state, zip code.	<input type="checkbox"/>
R	R	Business Mailing Address.	<input type="checkbox"/>
R	R	Business Phone Number.	<input type="checkbox"/>
R	R	State Certification Number – "P" number.	<input type="checkbox"/>
R	R	Business Operating Hours and Days.	<input type="checkbox"/>
R	R	Program Number – Example: 19-1-2/12 (19 = Year; 1 = Segment; 2/12 = Month/Date Class begins.).	<input type="checkbox"/>
R	R	Title of Contract – Teen Segment 1 Contract; Teen Segment 2 Contract.	<input type="checkbox"/>
R	R	Classroom Location	<input type="checkbox"/>
S1	S2	STUDENT INFORMATION	<input checked="" type="checkbox"/>
R	R	Name of Student – First, middle and last name as reported on birth certificate.	<input type="checkbox"/>
R	R	Student Address – Street, city, state, zip code.	<input type="checkbox"/>
R	R	Student Phone Number – Home or Cell.	<input type="checkbox"/>
R	R	Student Date of Birth – Show as mm-dd-yyyy.	<input type="checkbox"/>
R	R	Parent/Guardian's Phone Number.	<input type="checkbox"/>
R	R	Parent/Guardian's Address – Street, city, state, zip code.	<input type="checkbox"/>
R	R	Emergency Contact Person – Other than the parent/guardian.	<input type="checkbox"/>
S1	S2	COURSE PROVISIONS (Items that are bold faced must be exactly as written and must include bold faced font.)	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
E	NA	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.	<input type="checkbox"/>
E	NA	The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate is required.	<input type="checkbox"/>
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.	<input type="checkbox"/>
NA	E	(Insert Provider name) will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor.	<input type="checkbox"/>
NA	E	A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent/guardian or a designated licensed adult driver 21 or older. A log was presented to the Segment 2 instructor on or before the first classroom session. Parent or Student initials _____ Seg. 2 Instructor initials _____	<input type="checkbox"/>
NA	E	The Student must have held a Level 1 License for not less than 3 continuous months. Parent or Student initials _____ Seg. 2 Instructor initials _____	<input type="checkbox"/>

R	R	ALL Dates for the Course – Jan. 21, 22, 23, Feb. 2, 3, etc.	<input type="checkbox"/>
S1	S2	COURSE TERMS (Items that are bold faced must be exactly as written and must include bold faced font.)	<input checked="" type="checkbox"/>
E	E	The Parent or Legal Guardian agrees to pay the total amount of (Insert tuition fee), (Insert due date for tuition fees) in the form of; (Insert payment method(s) allowed i.e., cash, check, money order or credit card).	<input type="checkbox"/>
R	R	Make-up policy for classroom instruction – If absences are permitted, student should make-up their missed class session during the next class for the material missed.	<input type="checkbox"/>
R	NA	Make-up Policy for BTW Instruction – Include any fees, observation hours missed, time allowed passed scheduled BTW instruction before placing into “NO SHOW”.	<input type="checkbox"/>
O	NA	Additional BTW Instruction Fee Per/hour.	<input type="checkbox"/>
O	O	Additional Classroom Fees – If a fee is added for lost or damaged textbook, replacement of a Segment One or Two Completion Certificate, etc.	<input type="checkbox"/>
S1	S2	REQUIREMENTS TO PASS THE COURSE (Items that are bold faced must be exactly as written and must include bold faced font.)	<input checked="" type="checkbox"/>
R	R	Passing Score for any State Exam, Tests or Quizzes.	<input type="checkbox"/>
R	R	Additional Requirements – For passing that affect the student's grade (e.g., homework or quizzes, test, etc.).	<input type="checkbox"/>
E	E	The Student will be allowed up to (Insert number of retakes allowed; a total of three attempts but not required) to pass the State Exam, which requires a score of at least (Insert State Exam passing).	<input type="checkbox"/>
R	NA	The Student must pass <u>ALL</u> BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.	<input type="checkbox"/>
S1	S2	REFUND POLICY	<input checked="" type="checkbox"/>
R	R	Must be clearly written and easy to understand.	<input type="checkbox"/>
S1	S2	BTW WAIVER (May be a separate form however must be exactly as written.)	
E	NA	<u>BTW WAIVER</u> Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing. I, the Parent/Legal Guardian of the Student, waive this requirement. I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student. Date: _____ Student Signature: _____ Date: _____ Parent/Legal Guardian Signature: _____ Date: _____ Provider's Authorized Official's Signature: _____	<input type="checkbox"/>
S1	S2	ACCOMMODATIONS/MEDICAL CONDITIONS (Items that are bold faced must be exactly as written and must include bold faced font.)	<input checked="" type="checkbox"/>
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:	<input type="checkbox"/>
R	NA	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:	<input type="checkbox"/>
R	NA	Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes ___ No ___ If Yes, please explain:	<input type="checkbox"/>
R	NA	Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes ___ No ___ If Yes, please explain:	<input type="checkbox"/>

R	NA	Is the Student's visual acuity at least 20/40 corrected? Yes ___ No ___	<input type="checkbox"/>
R	NA	In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes ___ No ___	<input type="checkbox"/>
R	NA	In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes ___ No ___	<input type="checkbox"/>
R	NA	If the answer to any of the above questions is Yes, then the Parent/Guardian must provide a letter signed by the Student's physician indicating that the condition has been corrected and/or is under control and the Student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.	<input type="checkbox"/>
S1	S2	SIGNATURES	<input checked="" type="checkbox"/>
R	R	Student Signature and Date Signed.	<input type="checkbox"/>
R	R	Parent/Legal Guardian Signature and Date Signed.	<input type="checkbox"/>
R	R	Provider's Authorized Official's Signature and Date Signed.	<input type="checkbox"/>
S1	S2	VISION SCREENING TEST (Not required to add into the contract however a provider must show proof that a vision screening test was given).	
O	NA	I, (Insert signature of student) have been administered a vision screening test on (Insert date) by (Insert instructor name) and received a visual acuity score of at least 20/40 corrected vision.	<input type="checkbox"/>
S1	S2	FOOTER STATEMENT (Items that are bold faced must be exactly as written and must include bold faced font.)	<input checked="" type="checkbox"/>
E	E	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 at: Michigan.gov/DriverEd . Completion of a driver education course <u>does not</u> guarantee qualification for a driver license.	<input type="checkbox"/>