



ADULT CONTRACT CHECKLIST

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.	<input type="checkbox"/>
R	R	R	Business Address – Street, city, state, zip code.	<input type="checkbox"/>
R	R	R	Business Phone Number.	<input type="checkbox"/>
R	R	R	State Certification Number – “P” number.	<input type="checkbox"/>
R	R	R	Business Operating Hours and Days.	<input type="checkbox"/>
O	R	R	Program Number – Example: 19-1-2/12 (19 = Year; 1 = Segment; 2/12 = Month/Date Class begins.).	<input type="checkbox"/>
R	R	R	Title of Contract – “Adult BTW Contract; Adult Segment 1 Contract; Adult Segment 2 Contract.	<input type="checkbox"/>
NA	R	R	Classroom Location	<input type="checkbox"/>
A	AS1	AS2	STUDENT INFORMATION	✓
R	R	R	Name of Student – First, middle and last name as reported on TIP.	<input type="checkbox"/>
R	R	R	Student Address – Street, city, state, zip code.	<input type="checkbox"/>
R	R	R	Student Phone Number – Home or Cell.	<input type="checkbox"/>
R	R	R	Student Date of Birth – Show as mm-dd-yyyy.	<input type="checkbox"/>
R	NA	NA	TIP Number and Expiration Date.	<input type="checkbox"/>
R	R	R	Emergency Contact Person.	<input type="checkbox"/>
A	AS1	AS2	COURSE PROVISIONS (Items that are bold faced must be exactly as written and must include bold faced font.)	✓
NA	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"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
NA	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"/>
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.	<input type="checkbox"/>
NA	E	E	ALL Dates for the Course – Jan. 21, 22, 23, Feb. 2, 3, etc.	<input type="checkbox"/>
NA	E	E	Class Times.	<input type="checkbox"/>

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.	<input type="checkbox"/>
R	O	O	Fee Per/hour.	<input type="checkbox"/>
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 3 rd party – tester fee and the use of a Doing It Right tractor – trailer for one State of Michigan approved CDL driver license test.).	<input type="checkbox"/>
E	E	O	Students must present a current Temporary Instruction Permit at the time the course begins.	<input type="checkbox"/>
NA	O	O	Course Make-up Policy.	<input type="checkbox"/>
R	R	R	Cancellation Policy – Including fees (BTW instruction etc.).	<input type="checkbox"/>
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.	<input type="checkbox"/>
	O	O	Additional Requirements – For passing that affect the student's grade (e.g., homework or quizzes, test, etc.).	<input type="checkbox"/>
O	R	O	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"/>
A	AS1	AS2	REFUND POLICY	✓
R	R	R	Must be clearly written and easy to understand.	<input type="checkbox"/>
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:	<input type="checkbox"/>
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:	<input type="checkbox"/>
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:	<input type="checkbox"/>
A	AS1	AS2	SIGNATURES	✓
R	R	R	Student Signature and Date Signed.	<input type="checkbox"/>
R	R	R	Provider's Authorized Official Signature and Date Signed.	<input type="checkbox"/>
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 <u>does not</u> guarantee qualification for a driver license.	<input type="checkbox"/>