

Minor/Adult

Individual Student Class Record

(C 3052) EP E-Z DRIVING SCHOOL 11940 Don Haskins Dr. Ste. A-2 El Paso, TX. 79936
School / Branch # Name of School Classroom Address

Printed Name of Student _____ Street Address _____ City _____ State _____ ZIP Code _____
Date of Birth (MM/DD/YY) () _____ Phone Number _____ Driving Permit Number _____

LEGEND: A = ABSENT P = PRESENT AS = ALTERNATE SCHEDULING MU = MAKE-UP T = TERMINATION W = WITHDREW

Mo.	Day	Yr.	Class Time (i.e. 4:00 – 6:00 PM)	Legend	Day of Training	Module Topics and Sub-Topics	Grade	TA (Full) Initials	DET Initials
		19		M P / A	1	Module 1 Traffic Laws <small>Texas Driver Handbook Ch. 1-5</small>			
		19		M P / A	2	Module 1 Traffic Laws <small>Road Signs Test</small>			
		19		M P / A	3	Module 1 Traffic Laws <small>Road Rules Test</small>			
		19		M P / A	4	Module 2 Driver Preparation <small>Ch. 3 & 5</small>			
		19		M P / A	5	Module 3 Vehicle Movements <small>Ch. 6-7</small>			
		19		M P / A	6	Module 4 Driver Readiness <small>Ch. 14</small>			
		19		M P / A	7	Module 5 Risk Reduction <small>IPDE Ch. 4</small>			
		19		M P / A	8	Module 6 Environmental Factors <small>Ch. 8-9</small>			
		19		M P / A	9	Module 7 Distractions <small>Ch. 10-11</small>			
		19		M P / A	10	Module 8 Alcohol and Other Drugs <small>Ch. 15</small>			
		19		M P / A	11	Module 8 Alcohol and Other Drugs <small>Ch. 15</small>			
		19		M P / A	12	Module 8 Alcohol and Other Drugs <small>Drunk Goggles & Traffic Stop Procedures</small>			
		19		M P / A	13	Module 9 Adverse Conditions <small>Ch. 12-13</small>			
		19		M P / A	14	Module 10 Vehicle Requirements <small>Ch. 17-18</small>			
		19		M P / A	15	Module 11 Consumer Responsibilities <small>Ch. 16</small>			
		19		M P / A	16	Module 12 Driver Responsibilities <small>Car Seat & Water Safety & Final Exam</small>			

MAKE-UP LESSONS (No more than 10 hours)

Final Grade _____ Total Class Hours 32 Date Started / / 19 Date Ended / / 19

• I / We hereby certify that the information contained in this record is true and correct

Signature of Instructor Daniel Cano
Printed Name of Instructor 8284
License Number of Instructor

Signature of Instructor Luis Rosales
Printed Name of Instructor 3951
License Number of Instructor

• I hereby certify that the information contained in this record is true and correct and I am responsible for all classroom instruction shown on this form.

Signature of Teacher of Record Luis Rosales
Printed Name of Teacher of Record 3951
License Number of Teacher of Record

• I hereby certify that I have completed the classroom phase and that the information on this record is true and correct

Signature of Student _____
Printed Name of Student _____
Date

Signature of Instructor Issac E. Ruiz
Printed Name of Instructor 4638
License Number of Instructor

Signature of Instructor Arlene Cano
Printed Name of Instructor 3867
License Number of Instructor

TDLR

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