MOTORCYCLE PROGRAM APPROVAL

School _____ USD # _____

_____ Motorcycle Rider Course Beginning Date _____

_____ BRC R.E.R.P. # _____{Rider Education Recognition Program}

_____ Motorcycle Instructor Course

Instructors _____ Estimated # of students _____
Name and Instructor Number - {Additional names on back side}

MOTORCYCLES
1. Number of motorcycles _____
2. Provided by _____
3. Sizes (cc) _____ (list vehicles on Agreement Form and attach copy)
4. Are cycles leased? _____ If yes, how much per unit?_____
   Cycles are leased from or owned by _____

INSURANCE
1. Company insuring program _____

COVERAGE

2. Amount of Comprehensive_____ Amount of Collision_____
3. Amount of Liability _____ Amount of Major Medical_____
4. Amount of Uninsured Motorist _____ Amount of Dental _____

COURSE CONTENT
Number of hours _____ Classroom _____ Range _____ On-Street _____
Textbook _____
Other Resources _____
Pre-street driving test(s) _____
Completion standard for advancement to on-street _____

Give a brief description of course content (include on-street instructional sequence)
_____
_____
_____
_____

Attach a copy of your curriculum and your course outline. This should include:
1. Policy statement
2. Class sequence
3. List of Performance Competencies (with mastery % level indicated)
4. Program objectives (which include course outcomes, content, activities/units, and assessment)
5. Student assessment/daily log sheet sample

Signed _____ _____
Instructor School Principal or Headmaster

DATE _____

DEPARTMENT OF EDUCATION ONLY

Approved _____ Date _____

An Equal Employment/Educational Opportunity Agency
The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:
KSDE General Counsel, Landon State Office Bldg, 900 SW Jackson, Topeka, KS 66612 785-296-3201

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