



MOTORCYCLE PROGRAM APPROVAL

Available On-line <https://forms.gle/5vQT8pwayo5VSVaV7>

DATE _____

School _____ USD # _____

Email address: _____

| | |
|------------------------------------|---------------------------------------|
| _____ Motorcycle Rider Course | Beginning Date _____ |
| _____ BRC | R.E.R.P. # _____ |
| _____ Motorcycle Instructor Course | {Rider Education Recognition Program} |

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

MOTORCYCLES

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

INSURANCE

- Company insuring program _____
- | | |
|---------------------------------------|-------------------------------|
| <u>COVERAGE</u> | |
| 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 course outline. This should include:

- | | |
|--|--|
| 1. Policy statement | 4. Program objectives (which include course outcomes, content, activities/units, and assessment) |
| 2. Class sequence | 5. Student assessment/daily log sheet sample |
| 3. List of Performance Competencies (with mastery % level indicated) | |

Signed _____
Instructor

School Principal or Headmaster

| | | |
|------------------------------|-----------------------|-------------------|
| KSDE Office Use ONLY: | Approved _____ | Date _____ |
|------------------------------|-----------------------|-------------------|

Name and Instructor Number - {Additional names}

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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