MOTORCYCLE PROGRAM APPROVAL

School ___________________________ USD # ___________________________

_____ Motorcycle Rider Course

_____ BRC

_____ Motorcycle Instructor Course

Beginning Date ____________________

R.E.R.P. # ________________________

(Rider Education Recognition Program)

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 _____________________________

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 _____________________________

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KSDE General Counsel, Landon State Office Bldg, 900 SW Jackson, Topeka, KS 66612 785-296-3201