

ONLINE DRIVER EDUCATION EXAMINATION MONITORING RECORD

Purpose: Use this form to document student attendance.
Instructions: Type or print in ink. Keep this report with the student's records.

Important Information: Online driver education schools must not issue a certificate of completion to a student in Planning District 8 prior to receiving proof of completion of the additional minimum 90-minute parent/teen driver education component pursuant to § 22.1-205 of the Va. Code.

SCHOOL INFORMATION		
SCHOOL NAME	SCHOOL CODE	TEST DATE
INSTRUCTOR NAME (last) (first) (mi)	INSTRUCTOR LICENSE NUMBER	

STUDENT INFORMATION		
Form of Photo ID: <input type="checkbox"/> DMV-Issued Learner's/Identification Card <input type="checkbox"/> Passport <input type="checkbox"/> School ID <input type="checkbox"/> Government-Issued ID (describe)		
STUDENT NAME (last) (first) (mi)	TIME IN <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME OUT <input type="checkbox"/> AM <input type="checkbox"/> PM
Verified completion of 90-minute parent/student driver education component (Planning District 8) (check either YES, NO or N/A): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If yes, check applicable document <input type="checkbox"/> DTS 90 <input type="checkbox"/> DEC-1		

TEST RESULTS	
<input type="checkbox"/> Student Passed	<input type="checkbox"/> Student Failed

CERTIFICATION		
I certify and affirm that all information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.		
STUDENT NAME (print)	STUDENT SIGNATURE	DATE (mm/dd/yyyy)
INSTRUCTOR NAME (print)	INSTRUCTOR SIGNATURE	DATE (mm/dd/yyyy)