Safe Riding Practices Instruction
Classroom Instruction Verification

This form is to be filed in the Transportation Department by the end of the first nine weeks of the fall semester and again by the end of the third nine weeks of the spring semester.

School: _____________________
Date Taught: _______________
Grade Level: _______________

Objective:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Comments:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

I verify that all students attending the above-referenced school received instruction in safe riding practices as required by the Louisiana Department of Education.

_____________________________  _______________________________
Principal’s Signature         Teacher Signature