



# TRAFFIC VIOLATOR SCHOOL QUARTERLY REPORT

**Instructions:** Mail this form and the student's course evaluation to:

Department of Motor Vehicles  
Attn: TVS Report/Evaluations  
P. O. Box 934345 MS J152  
Sacramento, CA 94232-3450

## SECTION A — TVS INFORMATION

SCHOOL NAME				TVS LICENSE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE NUMBER (    )

**REPORTING YEAR** \_\_\_\_\_ **FOR CALENDAR QUARTER OF (check one box):**

- 1<sup>st</sup> Quarter    January, February, March, *due by April 30<sup>th</sup>*
- 2<sup>nd</sup> Quarter    April, May, June, *due by July 30<sup>th</sup>*
- 3<sup>rd</sup> Quarter    July, August, September, *due by October 30<sup>th</sup>*
- 4<sup>th</sup> Quarter    October, November, December, *due by January 30<sup>th</sup>*

## SECTION B — CLASSROOM STATISTICS

1. Total number of students instructed .....	_____
2. Total number failing to complete the course .....	_____
3. Total number failing the final exam .....	_____
4. Total number failing the final exam 2 <sup>nd</sup> attempt .....	_____
5. Total number of student evaluations enclosed .....	_____

## SECTION C — HOME STUDY STATISTICS

1. Total number of students instructed .....	_____
2. Total number failing to complete the course .....	_____
3. Total number failing the final exam .....	_____
4. Total number failing the final exam 2 <sup>nd</sup> attempt .....	_____
5. Total number of student evaluations enclosed .....	_____

## SECTION D — INTERNET STATISTICS

1. Total number of students instructed .....	_____
2. Total number failing to complete the course .....	_____
3. Total number failing the final exam .....	_____
4. Total number failing the final exam 2 <sup>nd</sup> attempt .....	_____
5. Total number of student evaluations enclosed .....	_____

## SECTION E — CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

***I further certify that all of the student evaluations collected by this school for the stated quarter and modality have been submitted with these statistics, pursuant to California Code of Regulations (CCR) section 345.30(d)(3) and 345.30(d)(4).***

PRINTED NAME OF OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE	SIGNATURE OF OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE	DATE
---	--	------

