



**DRIVER IMPROVEMENT  
PROGRAM TRAINING AGREEMENT**

ENTERPRISE NAME	
ENTERPRISE ADDRESS	
NAME OF CURRICULUM USED	DPS APPROVAL NUMBER

**TRAINING**

_____ <b>NAME OF SCHOOL</b>	<input type="checkbox"/> agrees to provide 6 hours of <b>Juvenile</b> DIP classroom instruction that meets all Ohio requirements including Ohio Revised Code (R.C.) 4510.31 and 4510.311.  <input type="checkbox"/> agrees to provide a minimum of 2 hours of <b>Advanced Juvenile</b> DIP classroom instruction and 4 hours of range that meets all Ohio requirements including R.C. 4510.31 and 4510.311. A certified instructor will be provided during all range activities.  The fee for said instruction is \$ _____ .  Replacement Certificates of Completion will be provided at an additional cost of \$ _____ .
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**PRIVACY POLICY**

_____ <b>NAME OF SCHOOL</b>	will not share any personal or financial information regarding any person participating in this course. Unless such information is required by a governmental agency to complete the requirements of this course.
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**INAPPROPRIATE BEHAVIOR AND PARTICIPATION**

Dismissal Policy: If a student is deemed to be using inappropriate behavior or not participating in the course, they will be dismissed. Refund Policy: The course fee will not be refunded and the student will not be readmitted to a course at this school. Vehicle Inspection / Safety Policy:
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**CERTIFICATE OF COMPLETION**

A certificate of completion will be issued to all students that successfully complete all course requirements. The requirements are: actively participating in and attending all six hours of instruction, successful completion of the pre-test and the post-test.
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**GRIEVANCE PROCEDURE**

If a student has a grievance, the complaint must be brought to the attention of the instructor in a respectful manner. The student and instructor will then attempt to settle the complaint. If the complaint is still not resolved, the owner, instructor and student will attempt to settle the complaint. Should both parties not be able to reach an agreement that is acceptable to both parties, the matter can be referred to the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223.
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SCHOOL OFFICIAL NAME (print or type)	SIGNATURE OF SCHOOL OFFICIAL <b>X</b>	DATE
STUDENT NAME (print or type)	SIGNATURE OF STUDENT <b>X</b>	DATE