STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

TRAFFIC VIOLATOR SCHOOL
QUARTERLY REPORT

Instructions: Complete this form, attach the student evaluations at the end of each calendar quarter and retain in office files for three (3) years. Provide the report and student evaluations upon request by the Department or its representatives.

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)*:**

- ☐ 1st Quarter — January, February, March
- ☐ 2nd Quarter — April, May, June
- ☐ 3rd Quarter — July, August, September
- ☐ 4th Quarter — October, November, December

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 2nd attempt ..... _____
5. Total number of student evaluations ..... _____

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 2nd attempt ..... _____
5. Total number of student evaluation ..... _____

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 2nd attempt ..... _____
5. Total number of student evaluations ..... _____

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 attached 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

Print Clear Form