Approved Driver Education Course
Course Outline

School Name: _____ **Class of Licence:** _____

Day	Lesson Number	Classroom Time (minutes)	Practical Time (minutes)	Learning Outcome Number(s)	Instructional Strategy Number(s)
Sub-total hours					
Discretionary allocation of time*				***Maximum 4 hours for Class 7** ***Maximum 2 hours for Class 8**	
Total number of hours in course				**Midpoint assessment completed at lesson #** _____	

_____
Name of Signing Authority

_____
Date

_____
Signature of Signing Authority

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