



ABATE of Wisconsin

Share The Road Training Report

(To be filled out by the Driver's Education Instructor and returned to the Share The Road Instructor)

Driving School Information

Business name: _____

Address: _____

Email Address: _____ Phone: (____) _____

Location of Class: _____

Date of class: _____ Number of students: _____ ROW violators: _____
(Separate from students)

STR Instructor(s) / Region / District: Note: First STRI Listed will be listed as "Lead". Additional STRI will be listed as "Co-Instructor" for this class. If splitting classes each STRI should complete a separate report.

Please print (no nicknames) _____

Co-Instructor _____

Driver's Education Instructor:

Please print _____

Signature _____

Driver's Ed instructor:

If you have any questions, concerns or comments please contact the Share the Road Coordinator at sharetheroad@abatewis.org.

Share the Road Instructor:

Please return this form by mail or scanned and e-mail to your District Lead Instructor. If you are scanning, please save your document as "201X STR Report **Your First Initial Last Name MM-DD-YY**".

Example – "2018 STR Report B Kingsley 4-15-18"

This form may be copied as needed.

Form Revised January 2018.