



**DRINKING DRIVER PROGRAM (DDP)
ANNUAL ENROLLMENT REPORT**

SUMMARY OF REFERRALS FOR EVALUATION/TREATMENT

JANUARY 1 THROUGH DECEMBER 31, _____ REPORT YEAR

	Jan. - March	April - June	July - Sept.	Oct. - Dec.	Total
Courses Started (# of Session Ones)					
Student Names on Rosters					
Students Actually Reporting to Class					
Students Transferred into Program					
Students Referred for Evaluation Alcohol					
Other Drugs					
Students Retained for Treatment Alcohol					
Other Drugs					
Drop Notices Issued					
Students Dropped					
Students Re-entered					
Students Re-entered More Than Once					

_____ (Drinking Driver Program Name) _____ (DDP Location Code/ID Number)

➔ _____ (Signature of DDP Director) _____ (Print Name of DDP Director)

_____ (Date)

Complete and return to:

New York State Department of Motor Vehicles
Driver Program Regulation
6 Empire State Plaza, Room 412
Albany, New York 12228