

## STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

## The most current version of this document available at <u>www.drivertraining.ohio.gov</u>

STUDENT NAME									DATE OF BIRTH				HOME PHONE #							WORK PHONE #			
ADDRESS												STATE							ZIP				
PERMIT # / DRIVER LICENSE #												DATE ISSUED							EXPIRATION DATE				
ENTERPRISE NAME Public Safety Driving School												ENTERPRISE # 1517							REPORT YEAR				
NOTE: E	Break time	does not	count towa	rd the 8 h	ours	of req	uired	instr	uctio	nal tir	ne.												
START DATE					Check for valid permit	Entry level procedure tasks	Minimal traffic, numerous intersections	Selective parking techniques	High speeds, sight distance, planning	Moderate traffic, in-town	Expressway, controlled access highway	Parallel parking, Maneuverability test	Country roads	Large volume of traffic	Night driving (when possible)	Lane change	RR Crossing	Passing			CERTIFICATE ISSUED YES NO NUMBER ISSUED DATE ISSUED		
BEHIND-THE-WHEEL TRAINING																							
PERFORMANCE CODE 3-GOOD 2- FAIR 1-IMPROVMENT L START L PREAK																				INSTRUCTOR INITIALS /	STUDENT INITIALS		
DATE	TIME	TIME	END TIME	DRIVEN	ъ С	Ē	Mi	Se	Τİ	W	Ĕ	Ра	ö	La	Ŋ	La	RF	Ра			LICENSE #	INTIALO	
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I, the undersigned Instructor, certify that the Student has satisfactorily completed the behind-the-wheel instruction required by this chapter and section 4508.02(C) of the Revised Code. Optional: I, the undersigned Parent/Guardian, certify that I have met with the Instructor concerning the Driver Education instruction received by my child.																							
SIGNAT	SIGNATURE OF INSTRUCTOR DATE SIGNA											GNATURE OF PARENT / GUARDIAN DATE											

No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.

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