



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

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STUDENT NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS	STATE		ZIP
PERMIT # / DRIVER LICENSE #	DATE ISSUED		EXPIRATION DATE
ENTERPRISE NAME	ENTERPRISE #		REPORT YEAR

NOTE: Break time does not count toward the 8 hours of required instructional time.

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	
BEHIND-THE-WHEEL TRAINING PERFORMANCE CODE 3-GOOD 2- FAIR 1-IMPROVEMENT																			NUMBER ISSUED	
																			DATE ISSUED	
DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN															INSTRUCTOR INITIALS / LICENSE #	
																			/	

#1 Comments _____

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#2 Comments _____

NOTE: Break time does not count toward the 8 hours of required instructional time.

BEHIND-THE-WHEEL TRAINING					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			INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
PERFORMANCE CODE																						
DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN																	3-GOOD 2- FAIR 1-IMPROVEMENT	
																					/	
#3 Comments _____																						

																					/	
#4 Comments _____																						

NOTE: Use additional sheets if needed.

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.

SIGNATURE OF INSTRUCTOR	DATE	SIGNATURE OF PARENT / GUARDIAN	DATE
X		X	

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