



**CLASS A TRUCKING SCHOOLS  
STUDENT BEHIND-THE-WHEEL TRAINING REPORT**

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

**NOTE:** Break time and observation time does not count toward the hours of required instructional time.

<b>RANGE TRAINING</b>					Check for Valid Permit	Starting	Stopping	Turns	Shifting	Braking	Parking	90 Degree Alley Docking	Coupling/Uncoupling	Straight Line Backing	Use of hazard lighting systems	Checking and servicing parts	Observation	Offset Backing	Blind Side Parallel Parking	Sight Side Parallel Parking	Pre-Trip – Post Trip	INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
START DATE																							
PERFORMANCE CODE: 3- GOOD      2- FAIR      1-IMPROVEMENT																							
DATE	START TIME	BREAK TIME	END TIME	HRS DRIVEN																			
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