OHIO DEPARTMENT OF PUBLIC SAFETY

ABBREVIATED ADULT STUDENT BEHIND-THE-WHEEL TRAINING REPORT

The most current version of this document available at www.drivertraining.ohio.gov

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 4 hours of required instructional time.

START DATE

BEHIND-THE-WHEEL TRAINING

PERFORMANCE CODE
3-GOOD 2-FAIR 1-IMPROVMENT

CERTIFICATE ISSUED ☐ YES ☐ NO

NUMBER ISSUED

DATE ISSUED

DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN	Check for valid permit	Fitting the car to you	Entry level procedure tasks	Minimal traffic, numerous intersections	Moderate traffic, in-town	Staying in lanes	Lane changes	Intersections	Turns	Maneuverability test	High speeds (when possible)						INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
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I, the undersigned Instructor, certify that the Student has satisfactorily completed the behind-the-wheel instruction required by chapter 4501-8-09 (C) of the Ohio Administrative Code (O.A.C.)

SIGNATURE OF INSTRUCTOR	DATE
X	

No person shall falsify, alter or in any manner tamper with any records required to be kept by the O.A.C..