



OHIO DEPARTMENT OF PUBLIC SAFETY

STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

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 PROFESSIONAL DRIVING SCHOOL INC		ENTERPRISE # 284	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	TURNUS Smith System	CERTIFICATE ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO	
																				NUMBER ISSUED	
																				DATE ISSUED	
BEHIND-THE-WHEEL TRAINING PERFORMANCE CODE 3-GOOD 2-FAIR 1-IMPROVMENT																				INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN																	
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COMMENTS:

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 X	DATE	SIGNATURE OF PARENT / GUARDIAN X	DATE
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No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.

Certificates will be mailed **7 to 10 business days.**

Please **DO NOT SCHEDULE ROAD TEST** till you receive yur certificate.