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		ENTERPRISE #	REPORT YEAR

NOTE: Break time does not count toward the 8 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	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
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	
																					/	

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.