



STUDENT CLASSROOM TRAINING REPORT

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SCHOOL NAME			
STUDENT NAME		DATE OF BIRTH	PHONE # () -
ADDRESS			ZIP CODE
PERMIT #	VALIDATION ISSUED	CLASS START DATE	CLASS END DATE

DATE	START TIME	END TIME	OH UNIT NUMBER	TOTAL TIME	VIDEO TIME HOURS / MINUTES	CLASS LOCATION	STUDENT INITIALS (OPTIONAL)	INSTRUCTOR INITIALS (OPTIONAL)	INSTRUCTOR LICENSE NUMBER

FINAL TEST PERCENTAGE %	INSTRUCTOR PRINTED NAME
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I, the undersigned Instructor or Training Manager, certify that the student named above has received all classroom training required by Rule 4501-7-10 of the Administrative Code. The student has also received all classroom training required and 4508.02(C) of the Ohio Revised Code. This training included at least 24 hours, and covered units 1 – 10 of the Ohio Driver Training Curriculum. This course must be completed within 180 days from your start date.

SIGNATURE OF INSTRUCTOR OR TRAINING MANAGER X

- | 10 Ohio Curriculum Units | |
|--|------------------------------------|
| 1. The System and You | 6. Natural Laws Affecting Vehicles |
| 2. Vehicle Familiarization | 7. Handling Emergencies |
| 3. Basic Control Tasks | 8. Operating in Adverse Conditions |
| 4. Traffic Control Devices and Laws | 9. Driver Fitness |
| 5. Strategies for Different Environments | 10. Owning and Maintaining a Car |

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