OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY · SERVICE · PROTECTION

STUDENT BEHIND-THE-WHEEL TRAINING REPORT
CLASS D

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

STUDENT'S NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS		STATE	ZIP CODE
PERMIT # / DRIVER LICENSE #		DATE VALIDATED	DATE EXPIRE
ENTERPRISE NAME		ENTERPRISE #	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			CERTIFICATE ISSUED ☐ YES ☐ NO	
TEMP TEST SCORES																				NUMBER ISSUED	
LAWS																				DATE ISSUED	
SIGNS																				COURSE COMPLETED ☐ PASS ☐ FAIL	
BEHIND-THE-WHEEL TRAINING																				DRIVING: ☐ PASS ☐ FAIL	
PERFORMANCE CODE 3-GOOD 2- FAIR 1-IMPROVMENT																				INSTRUCTOR INITIALS/ LICENSE #	STUDENT INITIALS
DATE	START TIME	END TIME	HOURS DRIVEN																		
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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.

SIGNATURE OF INSTRUCTOR	DATE
X	

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 PARENT/GUARDIAN	DATE
X	

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