



**MUST FILL OUT ACCORDING TO TEMPORARY PERMIT**

**STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D**

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	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 <input type="checkbox"/> YES <input type="checkbox"/> NO	
															NUMBER ISSUED	
															DATE ISSUED	
<b>BEHIND-THE-WHEEL TRAINING</b>															INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
PERFORMANCE CODE 3-GOOD 2- FAIR 1-IMPROVEMENT																
DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN												
																/

#1 Comments \_\_\_\_\_

#2 Comments \_\_\_\_\_

#3 Comments \_\_\_\_\_

#4 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 <b>X</b>	DATE
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SIGNATURE OF PARENT / GUARDIAN <b>X</b>	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 uploaded to students' accounts 7 - 14 business days.**

**PLEASE DO NOT SCHEDULE THE ROAD TEST UNTIL YOU HAVE RECEIVED YOUR CERTIFICATE!**