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<br>Cruzin Driving School | | ENTERPRISE #<br>1359-2115 | 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<br>NUMBER ISSUED<br>DATE ISSUED | |
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| **BEHIND-THE-WHEEL TRAINING**<br>PERFORMANCE CODE<br>3-GOOD 2- FAIR 1-IMPROVMENT | | | | | | | | | | | | | | | | | | | | | INSTRUCTOR INITIALS / LICENSE # | STUDENT INITIALS |
| DATE | START TIME | BREAK 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.