



STUDENT BEHIND-THE-WHEEL TRAINING REPORT CLASS D

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STUDENT NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS	STATE		ZIP
PERMIT # / DRIVER LICENSE #	DATE ISSUED		EXPIRATION DATE
ENTERPRISE NAME Stewardship Driving School LLC	ENTERPRISE # 1374	REPORT YEAR 2025	

NOTE: Break time does not count toward the 8 hours of required instructional time.

BEHIND-THE-WHEEL TRAINING					Check for Valid Permit	Entry Level Procedure Tasks	Minimal Traffic, Numerous Intersections	Lane Changes	RR Crossings	Angled/Perpendicular Parking	Vehicle Control at Higher Speeds (25-45 mph)	Moderate, In Town Traffic	Passing	Expressway, Controlled Access Highways	Parallel Parking	Maneuverability Test	Country Roads	Large Volume of Traffic	Night Driving (When Possible)	Miles	CERTIFICATE ISSUED			
START DATE	PERFORMANCE CODES																				NUMBER ISSUED	DATE ISSUED		
	0 – Safety Risk*	3 – Progressing																						
	1 – Improvement Needed	4 – Competent																						
	2 – Beginning	5 – Exemplary																						
*Safety Risks are actions that could cause a crash. Safety Risk does not mean the student cannot continue training; it indicates more practice is needed.																								
DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN																	INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS		
																					/			

#1 Comments _____

#2 Comments _____

NOTE: Break time does not count toward the 8 hours of required instructional time.

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DATE	START TIME	BREAK TIME	END TIME	HOURS DRIVEN																				
PERFORMANCE CODES 0 – Safety Risk* 3 – Progressing 1 – Improvement Needed 4 – Competent 2 – Beginning 5 – Exemplary																								
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#3 Comments _____ _____ _____ _____ _____																								
																					/			
#4 Comments _____ _____ _____ _____																								

NOTE: Use additional sheets if needed.

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
X	

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.