The Driver Academy Driving Log

Student Name: _____
Last **First** **Middle**

Address _____

Father's Name _____ **Phone** _____

Mother's Name _____ **Phone** _____

Permit No. _____ **Restrictions** _____ **Expires** ____/____/____

BEHIND THE WHEEL DRIVING TIME

Date	Drive Time Minutes	In-Car Instruction	Student Signature	Instructor Signature
TOTALS				

Driving Performance Test

	TEST	Pass	Fail	Notes
Pre Check	In Car			
Skills	Tracking			
	Breaking			
	Lane Changes			
Turns	Right Turn			
	Left Turn			
	2 Point Turn			
	U - Turns			
	3 Point Turns			
Parking	Parallel			
	Angle Right			
	Angle Left			
	Perpendicular Right			
	Perpendicular Left			
Road	Rural			
	City			
	Expressway			