

A = Outstanding
 B = Above Average
 C = Average
 D = Needs Improvement
 F = Fail

Minor / Adult

Individual Student In-Car Record

(C _____) _____
 School / Branch # Name of School

3023 E I-30 #800G Rockwall TX 75087
 Classroom Address City State ZIP Code

 Printed Name of Student Street Address City State ZIP Code

_____/_____/_____
 Date of Birth (MM/DD/YY) _____
 Driving Permit Number Expiration Date (_____) Phone Number
 Area Code

Mo.	Day	Yr.	Driving Time (i.e. 4:00-6:00 PM)	TOPICS AND TIMES Based on one hour of driving and one hour of observation per day.	Grade	Drive	Observe	Lesson #	Instructor's Initials
				Driver Preparation 30 min. Vehicle Movements 30 min. Simulation 90 min.				1	
				Vehicle Movements 15 min. Driver Readiness 30 min. Risk Reduction 15 min. Simulation 120 min.				2	
				Risk Reduction 30 min. Environmental Factors 30 min. Simulation 120 min.				3	
				Environmental Factors 45 min. Distractions 15 min. Simulation 120 min.				4	
				Distractions 60 min. Simulation 90 min.				5	
				Alcohol and Other Drugs 30 min. Adverse Conditions 30 min. Simulation 90 min.				6	
				Vehicle Requirements 30 min. Consumer Responsibility 15 min. Driver Responsibility 15 min. Simulation 90 min.				7	

NO SHOWS:

• I / We hereby certify that the information contained in this record is true and correct.

_____ Signature of Instructor	_____ Printed Name of Instructor	_____ License Number of Instructor
_____ Signature of Instructor	_____ Printed Name of Instructor	_____ License Number of Instructor
_____ Signature of Instructor	_____ Printed Name of Instructor	_____ License Number of Instructor

• I hereby certify that I have completed the entire course and that the foregoing statements on this record are true and correct.

Signature of Student Date