

STUDENT DRIVING LOG

Instructor: _____

Student Name: _____ Permit No: _____ DOB: _____

Address: _____ Parent/Guardian Name: _____ Home Phone: _____

Emergency Contact _____ Phone # _____ Other: _____

Date	LESSON OBJECTIVES/ SKILLS TAUGHT	Clock Time		INSTRUCTOR'S EVALUATION/ REMARKS	Student Initials
		Drive <small>(max 1 hr/day)</small>	Observation <small>(max 2 hrs/day)</small>		
TOTAL INSTRUCTIONAL TIME				Special Accommodations (i.e., eye glasses, hand control, seat cushions, etc.)	
FINAL BTW GRADE: _____					