

# Premier Driving Academy

## Behind the Wheel Record Keeping

Program Number: 85-B-89

Month: \_\_\_\_\_

Student: \_\_\_\_\_  
 Last First Mid.initial

Birthdate \_\_\_\_\_  
 Mo./Day/year

Address: \_\_\_\_\_  
 Street City Zip

Phone# \_\_\_\_\_

<b>Date:</b>  <b>Total Drive time 1 hr.</b>	<b>Lesson 1: Basic controls and auto handling skills Residential driving, left and right turns</b> Signature  <b>Instructors</b>	Actual Driving Time:  Start/end  Students initial	Observation time
<b>Date:</b>  <b>Total Drive time 1 hr.</b>	<b>Lesson 2: introduce defensive driving skills, left and right turns at major intersections</b> signature  <b>Instructors</b>	Actual Driving Time:  Start/end  Students initial	Observation time
<b>Date:</b>  <b>Total Drive time 1 hr.</b>	<b>Lesson 3: Review defensive driving, L&amp;R turns at major intersections, stress and work on changing lanes.</b>  <b>Instructors signature</b>	Actual Driving Time:  Start/end  Students initial	Observation time
<b>Date:</b>  <b>Total Drive time 1 hr.</b>	<b>Lesson 4: Review lessons 2&amp;3. Major highways, expressway driving, enter and exit and change lanes.</b>  <b>Instructors signature</b>	Actual Driving Time:  Start/end  Students initial	Observation time
<b>Range Date</b>  <b>Total Driving Time 1hour</b>	<b>Range work: Angle parking, hand over hand steering, Perp/parking, parallel parking.</b> signature  <b>Instructors</b>	Actual Driving Time:  Start/end  Students initial	Observation time
<b>Range Date 2</b>  <b>Total Driving Time 1hour</b>	<b>Range Work II: Review range I. Add sight side backing, blind side backing, system check of cars.</b> Instructors signature	Actual Driving Time:  Start/end  Students initial	Observation time
<b>Final</b>  <b>Total Driving Time 6 Hours</b>	Evaluation:	I agree I have received the total hours of training shown  Students Initial	

**Any questions regarding this road sheet  
 please Call 586-741-3748**

