

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# _____

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

