

SUMMARY OF STUDENTS COMPLETING DRIVER EDUCATION PROGRAM

☐ REGULAR SESSION – ☐ FALL, ☐ SPRING OR ☐ SUMMER SESSION

SCHOOL YEAR 20____ - 20____

HIGH SCHOOL NAME

ADDRESS

Student's Name	Student ID #	Grade (9-12)	Date Enrolled	Hours Classroom	Hours BTW	Hours Simulator	Hours Range	Date Completed
1.								
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25.								

***Total hours of experience behind-the-wheel of the driver education car.**

***Use of simulators. Enter total hours simulation experience. Four (4) hours will be credited as equivalent to one (1) hour of actual driving experience for evaluation purposes.**

***Multiple-car range training. Enter total hours experience. For evaluation purposes, two (2) hours will be credited as equivalent to one (1) hour on-street driving experience. The local school shall retain the instructor's records and office records.**