

**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.								
2.								
3.								
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22.								
23.								
24.								
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.**