



STUDENT CLASSROOM TRAINING REPORT – CLASS D

STUDENT'S NAME →	DATE OF BIRTH →	PHONE # →
STREET ADDRESS →	CITY, STATE →	ZIP CODE →
PERMIT # / DRIVER LICENSE # (optional)	DATE ISSUED (optional)	DATE EXPIRE (optional)
ENTERPRISE NAME	ENTERPRISE #	REPORT YEAR

NOTE: Break time does not count towards the 24 hours of required classroom instructional time. Per O.A.C. 4501-7-09, the total training a student receives shall not exceed four hours in one day. Students receiving more than two continuous hours of training shall be permitted a break at the approximate mid-point of the lesson.

DATE (MM/DD/YY)	START TIME (HH:MM AM/PM)	BREAK TIME (HH:MM-HH:MM)	END TIME	Session NUMBER	TOTAL HOURS	CLASS LOCATION	STUDENT'S INITIALS	INSTRUCTOR'S LICENSE #
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I, the undersigned instructor, or training manager, certify that the student has satisfactorily completed the classroom instruction required by this chapter and section 4508.02C of the Ohio Revised Code. This training included at least 24 hours and covered units 1-10 of the Ohio Driver Training Curriculum. This course must be completed within 180 days of your start date. No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.

Instructor Signature & License # _____ Date _____ **FINAL GRADE** _____%