



OHIO DEPARTMENT OF PUBLIC SAFETY

**STUDENT CLASSROOM TRAINING REPORT**

The most current version of this document available at [www.drivertraining.ohio.gov](http://www.drivertraining.ohio.gov)

SCHOOL NAME			
STUDENT NAME		DATE OF BIRTH	PHONE NUMBER (     )     -
ADDRESS			ZIP CODE
PERMIT #	VALIDATION ISSUED	CLASS START DATE	CLASS END DATE

Date	Start Time	End Time	OH Unit Number	Total Time	Video Time Hours / Minutes	Class Location	Student Initials	Instructor Initials	Instructor License Number

Final Test            %        
                          Percentage      Instructor Printed Name

I, the undersigned Instructor or Training Manager, certify that the student named above has received all classroom training required by Rule 4501-7-10 of the Administrative Code. The student has also received all classroom training required and 4508.02(C) 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 from your start date.

  X    
 Instructor's or Training Manager's Signature

<b>10 Ohio Curriculum Units</b>	
1. The System and You	6. Natural Laws Affecting Vehicles
2. Vehicle Familiarization	7. Handling Emergencies
3. Basic Control Tasks	8. Operating in Adverse Conditions
4. Traffic Control Devices and Laws	9. Driver Fitness
5. Strategies for Different Environments	10. Owning and Maintaining a Car

No person shall falsify, alter, or in any manner tamper with any records required to be kept by the Ohio Administrative Code.