

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes____ No____

If Yes, please explain: _____

2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, etc.)? Yes____ No____

If Yes, please explain: _____

3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?

Yes ____ No ____ If Yes, please describe _____

4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)?

Yes ____ No ____ If Yes, please explain: _____

5. *Is the student's visual acuity at least 20/40 corrected? Yes ____ No ____*

6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes ____ No ____

7. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely? Yes ____ No ____

If the answer to question 5 is no, or either of questions 6 or 7 is yes, then the parent/guardian must provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

STUDENT SIGNATURE _____ PARENT SIGNATURE

DATE

Student Driving Record for All About Driving

Check box if another student/adult must accompany student driver

NAME _____ PROGRAM # _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Best Phone Contact _____

Drive	Comments
In car familiarization Residential roadways (side streets), Pedestrian alertness Controlled & uncontrolled intersections and parked cars Left and right turns	
Drive 1 Date: _____ Start/End Times: _____	Instructor Name: _____ Student Initials: _____
Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion Speed and Brake Control	
Drive 2 Date: _____ Start/End Times: _____	Instructor Name: _____ Student Initials: _____
Multiple lane changes (2 to 4 lanes) Mirror (5 to 8 seconds) and Blind Spot Check Following Distance, Variations of speed and Brake Control Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion	
Drive 3 Date: _____ Start/End Times: _____	Instructor Name: _____ Student Initials: _____
Expressway; highway/interstate driving Entrance & exit ramps, Merge lanes, Lane changes, Mirror (5 to 8 seconds) and Blind Spot Check Visual awareness of: Signs, Pavement markings, Traffic lights and Brake lights Reaction on red, Aim high in steering, Space cushion	
Drive 4 Date: _____ Start End /Times: _____	Instructor Name: _____ Student Initials: _____
Parking (perpendicular, reverse, diagonal, & parallel) 3-point turn	
Drive 5 Date: _____ Start/end Times: _____	Instructor Name: _____ Student Initials: _____
Final Evaluation	
Drive 6 Date: _____ Start/End Times: _____	Instructor Name: _____ Student Initials: _____

TOTAL HOURS DRIVEN: _____ **TOTAL HOURS OBSERVED:** _____

Instructor Signature _____

All About Driving

BTW STUDENT OBSERVATION RECORD KEEPING – Segment 1

Student Name: _____

Program # _____

Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials
Date Start: End:	Student's Comments: Instructor Name: _____	Total Observation Time Observing Student's Initials

ALL ABOUT DRIVING
 4620 Dixie Highway
 Waterford, MI 48329, (248) 623-0799
STUDENT CURRICULUM -Segment 1

Unit #	Objective	MI TSE Student Manual (6 th edition)	
1	Orientation. and H.T.S.; overview of GDL system	Knowing Your Vehicle Chp 4 NOTE: Operational Tasks , Chapter 6, as well as	Highway Trans. System Chp 1 Sharing the Roadway with Other Users Chp. 15; will be referred to throughout the course
2	Review of pre-entry check procedures, Blind Spots, Speed Limits, Signs Signals	Preliminaries Chp 3	Basic Maneuvers Chp 5
3	Identify the purpose of information gauges Intersections. Intro to Space Management	Intersections Chp 9	Signs Signals and Markings Chp.7
4	Familiarization with traffic control devices. Basic Physics and the how they impact driving and safety.	Traffic Control Devices Chp 7	The Laws of Physics Chp 2
5	SEE system, freeways, stopping distance. Safety technology. Final review of Signs Signals and Markings.	SEE Chp 8 Signs Signals and Markings Chp.7	Freeways Chp 12 Stopping 6.5 Safety Ch. 2
6	Passing, Parking, Backing	Passing Chp 7 & 11	Parking and Backing Chp 10
7	Social Responsibilities, Insurance and Yield Laws	Legal Awareness Chp 19	Social Responsibility Chp 20 Sharing Roadway 15E
8	Adverse Driving Conditions	Adverse Driving Conditions Chp 13	Roundabouts 9.2
9	Procedures for negotiating emergency situations.	Adverse Driving Conditions Chp 13	Vehicle Malfunctions Chp. 14
10	Maintenance, substance abuse, aggressive driving.	Chemical Abuse Chp 16	Road Rage Chp 18
11	Recap and review for final exam.	Planning A Trip Chp 21	
12	Final Exam		