



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

TOTAL HOURS DRIVEN: \_\_\_\_\_ TOTAL HOURS OBSERVED: \_\_\_\_\_

Instructor Signature \_\_\_\_\_

# All About Driving

## BTW STUDENT OBSERVATION RECORD KEEPING – Segment 1

**Student Name:** \_\_\_\_\_

**Program #** \_\_\_\_\_

|                                       |  |  |
|---------------------------------------|--|--|
| <b>Date</b><br><br>Start:<br><br>End: | Student's Comments:<br><br><br>Instructor Name:<br>_____ | <b>Total Observation Time</b><br><br><br><b>Observing Student's Initials</b> |
| <b>Date</b><br><br>Start:<br><br>End: | Student's Comments:<br><br><br>Instructor Name:<br>_____ | <b>Total Observation Time</b><br><br><br><b>Observing Student's Initials</b> |
| <b>Date</b><br><br>Start:<br><br>End: | Student's Comments:<br><br><br>Instructor Name:<br>_____ | <b>Total Observation Time</b><br><br><br><b>Observing Student's Initials</b> |
| <b>Date</b><br><br>Start:<br><br>End: | Student's Comments:<br><br><br>Instructor Name:<br>_____ | <b>Total Observation Time</b><br><br><br><b>Observing Student's Initials</b> |