



All About Driving

Contract Addendum

The following behaviors are not acceptable in the classroom:

Inappropriate discussion, such as: Excessive talking; Making offensive or obviously inappropriate comments; Interrupting the instructor, especially to make irrelevant comments; Using foul language i.e. four letter words, personal slurs, racial or sexually oriented negative language.

Throwing objects.

Leaving trash on the floor or putting chewing gum on the furniture.

Unauthorized use of classroom electronics such as the computer, TV monitor, remote controls that are school property.

Leaving seat during class time other than designated break periods. This includes extended bathroom breaks, as the need to use the restroom should be attended to either before class starts or during the break period, or, continually getting up for water, unless absolutely necessary.

Offensive personal habits.

Abusing cellphone use, such as: "Accidentally" causing cellphones or other electronic games to cause sounds intended to disrupt the class; playing games or sending and receiving texts during the lecture. Parents are not to expect that students should be able to answer their text messages during class time.

Note: All About Driving reserves the right to use video recording devices or classroom monitors to ensure compliance.

Please acknowledge by initialing the below:

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Student

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Parent/Guardian

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
Passed Eye Exam <input type="checkbox"/> _____ In car familiarization _____ Instructor initials _____ 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 #** \_\_\_\_\_

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