



**SCHOOL BUS ENDORSEMENT
STUDENT BEHIND-THE-WHEEL TRAINING REPORT**

The most current version of this document available at www.drivertraining.ohio.gov

STUDENT'S NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS	CITY	STATE	ZIP CODE
PERMIT # / DRIVER LICENSE #	DATE ISSUED		EXPIRATION DATE
ENTERPRISE NAME	ENTERPRISE #		REPORT YEAR

NOTE: Break time and observation time does not count toward the hours of required instructional time.

RANGE TRAINING						Check for Valid Permit	Danger Zones	Use of Mirrors	Loading	Unloading	Emergency Exit	Evacuation	Special Safety Considerations	Pre-Trip Inspection	Post-Trip Inspection	Railroad Grade Crossings	Observation	INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
START DATE																			
PERFORMANCE CODE: 3- GOOD 2- FAIR 1-IMPROVEMENT																			
DATE	START TIME	BREAK TIME	END TIME	HRS DRIVEN	TOTAL RUNNING TIME														
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ROAD TRAINING						Check for Valid Permit	Danger Zones	Use of Mirrors	Loading	Unloading	Emergency Exit	Evacuation	Special Safety Considerations	Pre-Trip Inspection	Post-Trip Inspection	Railroad Grade Crossings	Observation	CERTIFICATE ISSUED	
START DATE																		<input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER	
PERFORMANCE CODE: 3- GOOD 2- FAIR 1-IMPROVEMENT																		DATE ISSUED	
DATE	START TIME	BREAK TIME	END TIME	HRS DRIVEN	TOTAL RUNNING TIME													COURSE COMPLETED	
																		<input type="checkbox"/> YES <input type="checkbox"/> NO	
																		INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
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I, the undersigned Instructor, certify that the Student has satisfactorily completed the minimum hours of behind-the-wheel instruction required by chapter 4501-7-28 of the Ohio Administrative Code (O.A.C.)	
INSTRUCTOR OR TRAINING MANAGER SIGNATURE	DATE
X	

Optional: I, the undersigned Student, certify that I have completed all training provided by the school as listed above.	
STUDENT SIGNATURE	DATE
X	

No person shall falsify, alter or in any manner tamper with any records required to be kept by the O.A.C.