



**CLASS A TRUCKING SCHOOLS
STUDENT BEHIND-THE-WHEEL TRAINING REPORT**

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STUDENT'S NAME	DATE OF BIRTH	HOME PHONE #	WORK PHONE #
ADDRESS	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					TOTAL RUNNING TIME	Check for Valid Permit	Starting	Stopping	Turns	Shifting	Braking	Parking	90 Degree Alley Docking	Coupling/Uncoupling	Straight Line Backing	Use of hazard lighting systems	Checking and servicing parts	Observation	Offset Backing	Blind Side Parallel Parking	Sight Side Parallel Parking	Pre-Trip – Post Trip	INSTRUCTOR INITIALS / LICENSE #	STUDENT INITIALS
START DATE	PERFORMANCE CODE: 3- GOOD 2- FAIR 1-IMPROVEMENT																							
DATE	START TIME	BREAK TIME	END TIME	HRS DRIVEN																				
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