

STUDENT DRIVING EXPERIENCE LOG



Ottodont Nome	
Student Name:	

Date Mi		Miles Day Time Hours	Night Time Hours	Type of Driving Experience	Evaluation			
	Miles				FAIR	GOOD	EXCELLENT	

Make additional copies of the Driving Experience Log for additional Driving Hours.												
	TOTALS	DAYTIME HOURS	+	NIGHT TIME HOURS	_=		HO	URS O	F DRIVI	NG EXP	ERIENC	E
I CERTIFY				EAST 50 HOURS			•					
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Parent / Guardian Signature ______ Date_____