Drivers Education Record Card						
High School:Birthdate:			Driving Checklist			
Name:Cell Number:		1. Are enrolled in or have	you completed a DRED Class?	Yes		
Address:	ddress:City:		2. Is your Learners Permit	current?	Yes	
Parent/Guardian: Parents Number:		3. Have you paid your Driv	ring fee to EHS?	Yes		
Learner Permit #:			4. Do you have 40 hrs. driv	ring with a parent/guardian?	Yes	
Eligibility Date:			5. Are you 16?		Yes	
(6 Months after you get your learners AND not before your 16 th birthday) Parental Consent:			If no, list the date you turn 16			
1,		student,				
, to drive in the Driver's Education car						
with a certified driving instructor from Emery High.			Driving Sessions			
Parent signature:			Session 1- Right & Left turns, Lane Changes, Backing Session 2- Two & Three Point Turns- Review Session 3- Parking- 90 & 45 Degree, Parallel, Hill- Review Session 4- U-Turns; Two Lane Road, Multi-Lane Road-Review Session 5- SAFE Method- Scan, Assess, Find, Execute-Review			
To Be Completed By Instructor						
Classroom Completion Date: Payment:						
Drill/Skill	Date BTW	Obs.	Session 6- Review, Test Preparation			
			Skills to be Emphasized			
Totals			Speed Limit Lane Travel Observation Checking Blind Spot	Following Distance Observation/Alertn Lane Position Signaling	ess	
Is DEMS Updated Yes No		Acceleration/Braking	Steering			
Student Signature:			Stopping Traffic Check (L,R,L,R)	SAFE Method		
Instructor Signature:						

No

No

No

No

NO

