

NAME: _____

1st Half

Parent/Mentor Driving Sessions Log

Due Lesson 8

Record your driving Dates and Times Below

<u>Date/Times</u>	<u>Date/Times</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Supervised Driving Hours: _____

Must have completed a minimum of 10 hours for course requirement

Student Signature: 

Parent Signature: 

NAME: _____

2nd Half

Parent/Mentor Driving Sessions Log

Due Lesson 15

Record your driving Dates and Times Below

<u>Date/Times</u>	<u>Date/Times</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Supervised Driving Hours: _____

Must have completed a minimum of 10 hours for course requirement

Student Signature: 

Parent Signature: 