



LOG YOUR DRIVES ON THE FORM BELOW
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Date	Location of Practice (ex. rural, highway)	Day/Night	Weather	Skills practiced	Driving time	Adult's Initials
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SUPERVISED DRIVING LOG



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Please complete and sign this form and return it to your teen's driver education teacher prior to any unsupervised driving.

Student Name

High School

Teacher's Name

I certify that my son/daughter has completed 50-hours of supervised driving during the first six months in the Graduated Driver License program.

Parent/Guardian Signature **Date**