

Name: Last,	First,	Middle Initial
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School Name: _____

**Oregon Department of Transportation - TSD
Driver Education Student Record Card**

Address	City	State	Zip
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Phone #	DOB MO/DA/YR / /
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Name of Parent/Legal Guardian	Contact Phone #
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E-mail Address:

Course Location	Course Number	Course Start Date
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Permit Number	Expiration Date	Classroom Instructor
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BTW Instructor	Course Completion Date
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CLASS CONCEPTS/STUDENT PROGRESS

- | | |
|--|---|
| <input type="checkbox"/> Sharing the road in a positive and courteous manner: bicycles, motorcycles, pedestrians, trains, cars, trucks, and railroad crossings | <input type="checkbox"/> Time and space management and defensive driving practices |
| <input type="checkbox"/> Driver responsibilities and automobile maintenance | <input type="checkbox"/> Targeting |
| <input type="checkbox"/> Fuel efficiency | <input type="checkbox"/> Line of sight/path of travel concepts |
| <input type="checkbox"/> Distractions | <input type="checkbox"/> Model driving habits |
| <input type="checkbox"/> Safety restraint and legal and moral responsibilities | <input type="checkbox"/> Reference point concepts |
| <input type="checkbox"/> Preparing and controlling the vehicle | <input type="checkbox"/> Rules of the road |
| <input type="checkbox"/> Identification and proper use of signs, signals, markings | <input type="checkbox"/> How the laws of physics and natural laws affect driving |
| <input type="checkbox"/> Roadway types and variations such as county, city, expressways, freeways, and interstates | <input type="checkbox"/> How physical, emotional, and psychological conditions such as personal attitudinal traits affect driving |
| <input type="checkbox"/> How to enter, use, and exit different types of intersections | <input type="checkbox"/> How alcohol and other drugs affect driving |
| <input type="checkbox"/> Basic automobile maneuvers and traffic flow | <input type="checkbox"/> Emergency situations and vehicle malfunctions |
| | <input type="checkbox"/> Other _____ |

Fee Paid	Date
Amount Refunded	Date

Classroom Instructional Time Scheduled: Attended:
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BTW CONCEPTS/STUDENT PROGRESS

- | | |
|--|---|
| <input type="checkbox"/> Pre-drive procedures: vehicle controls, door locks and head restraints, headlights on at all times and use of safety restraints | <input type="checkbox"/> Line of sight/path of travel concepts |
| <input type="checkbox"/> Visual skills necessary to obtain correct information required to make reduced-risk decisions and avoid conflict | <input type="checkbox"/> Model driving habits |
| <input type="checkbox"/> Starting, stopping, backing | <input type="checkbox"/> Visual referencing skills, fender judgment and precise vehicle positioning |
| <input type="checkbox"/> Push/pull and hand-over-hand steering | <input type="checkbox"/> Three-point turnabouts |
| <input type="checkbox"/> Rules of the road and yielding right-of-way | <input type="checkbox"/> Time and space management |
| <input type="checkbox"/> Vehicle position and speed control options | <input type="checkbox"/> Entering and exiting an intersection |
| <input type="checkbox"/> Pulling to and from the curb and parking | <input type="checkbox"/> Entering and exiting curves |
| <input type="checkbox"/> Vehicle balance concepts | <input type="checkbox"/> Lane changes, Merging and Passing |
| <input type="checkbox"/> Mirror usage | <input type="checkbox"/> Turns in traffic and city driving |
| <input type="checkbox"/> Targeting | <input type="checkbox"/> Simulated mechanical failures, traction loss and emergency procedures |
| | Other _____ |

BTW Instructional Time Scheduled: Attended:
BTW Observation Time Scheduled: Attended:
Verified Home Practice Time Number of Hours:
Final Assessments Class Score: BTW Score:
Status <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Dropped <input type="checkbox"/> Transfer <input type="checkbox"/> Passed All Concepts
Claimed for Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No

DE Program Coordinator Name: _____

Signature: _____

Date: _____