Teen Driving Practice Log

Name:	
Date:	Driving Hours:
Time of Day:	Driving Conditions:
Route:	Comments:
☐ Reviewed ABCDs of Safe Driving	Parent Initials:
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I,, have completed at le	ast 50 hours of daytime driving and 10 hours of
nighttime driving.	, 0
Total Hours:	
Driver Signature:	
Parent Signature:	