NEBRASKA DEPARTMENT OF MOTOR VEHICLES

# SCHOOL PERMIT/PROVISIONAL OPERATOR'S PERMIT

## SUGGESTED DRIVING SKILLS CHECKLIST

**Parents:** Check off skills you feel your teen has performed several times successfully and confidently. When all items are checked off, your teen *may* be ready to get a School Permit/Provisional Operator's Permit.

***This checklist/driving log is produced as a courtesy only and is not required to be presented to Examining Staff.***

- ☐ Pre-driving checks and adjustments
- ☐ Making accurate turns *(left and right)*
- ☐ Backing up
- ☐ Parking *(perpendicular, angle and parallel)*
- ☐ Driving through intersections
- ☐ Recognizing danger signs/conditions
- ☐ Driving at night
- ☐ Driving under adverse conditions *(weather, congested traffic, road construction, etc.)*
- ☐ Starting, moving and stopping smoothly
- ☐ Yielding the right-of-way
- ☐ Railroad crossing
- ☐ Changing lanes *(checking blind spot)*
- ☐ Following safely behind other vehicles
- ☐ Communicating with other drivers
- ☐ Traffic signals
- ☐ Adjusting speed, position and passing on highways

## DRIVING LOG

| Date | Location of Practice *(e.g. highway, residential area)* | Day or Night | Weather Conditions | Time Spent* | Initials of Adult |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



*DMV 06-91A/TSIPA*
*1/06*

# DRIVING LOG

| Date | Location of Practice *(e.g. highway, residential area)* | Day or Night | Weather Conditions | Time Spent* | Initials of Adult |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**TOTAL HOURS:**

**(*Total time spent practicing must equal a minimum of 50 hours.)**