SUPERVISED PRACTICE DRIVING LOG

This form will help you keep track of your teen's driving practice including when and where the practice occurs.

Date	Day/ Night	Roadway & Weather (rural/city, highway, wet/dry)	Hours/ Minutes of Driving Time	Supervisor's Name

Total hours on this page _____

I hereby affirm that I am the parent/guardian who has supervised my teen's practice driving hours and that s/he has driven the hours listed above meeting the minimum 40 hour supervised practice driving, with at least 10 of these hours at night, required under Missouri's Graduated Driver License law.

Parent's Signature _____ Date_____