



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

650 ROPPOLO DR.  
ELK GROVE VILLAGE, IL 60007  
847-981-7455  
www.cyberdriveillinois.com

---

**Driver Training School Enhanced Instruction Report**

---

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

The above-named student completed 25 hours of behind-the-wheel and/or classroom instruction on the following date: \_\_\_\_\_, 20 \_\_\_\_.

The above-named student completed 10 additional hours of behind-the-wheel instruction, in addition to the 25 hours mentioned above, on the following date: \_\_\_\_\_, 20 \_\_\_\_.

**FINAL REPORT:** The above-named student completed instruction with a total of \_\_\_\_ hours of behind-the-wheel instruction on the following date: \_\_\_\_\_, 20 \_\_\_\_.

Name of instructor(s) teaching above-named student for report period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is accurate to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of owner or manager

**Note:**

If more than 30 hours of behind-the-wheel training is required, a report for each additional 10 hours is necessary.