



All-American Drivers Training
1111 N. Main Street
Normal, IL 61761
309-828-ROAD

BEHIND THE WHEEL IDEAL DRIVE TIME FORM

Name: _____

Parent/Guardian Name to Contact for Scheduling: _____

Contact Phone # for Scheduling: _____

A. Best Day of the Week for me to drive: (circle preferred days of the week)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

B. Best time of the day for me to drive: (circle those that apply)

1) Weekday times (if Mon-Fri circled above):

i. Summer Only

- a. Option #1: Morning 8-10am
- b. Option #2: Morning 10am-12pm
- c. Option #3: Afternoon 12-2pm
- d. Option #4: Afternoon 1-3pm
- e. Option #5: Afternoon 2-4pm
- f. Option #6: Afternoon 3-5pm
- g. Option #7: Evening 5-7pm
- h. Option #8: Weekend times available based on instructor availability

ii. School Year Only; unless home schooled

- a. Option #1: After School Pick up from select schools based on instructor availability
- b. Option #2: Evening 4-6pm (parents drop off and pick up from business)
- c. Option #3: Home School: daytime driving to be scheduled with instructor if available

2) Weekend times (if Sat-Sun circled above and August through May only):

- a. Option #1: Morning 8-10am
- b. Option #2: Morning 10am-12pm
- c. Option #3: Afternoon 12-2pm
- d. Option #4: Afternoon 1-3pm
- e. Option #5: Afternoon 3-5pm

3) Drive times per week:

_____ I would like to drive twice a week for 3 weeks.

_____ I would like to drive once a week for 6 weeks.

_____ I would like to drive once a week for 4 weeks (3 hour lessons; special scheduling with instructor)

C. Best time of year for you to drive: (circle those that apply)

- a. Option #1: Winter (December –February)
- b. Option #2: Spring (March-May)
- c. Option #3: Summer (June-August)
- d. Option #4: Fall (September-November)