

Driver Assessment Form

Driver Name: _____		Driver's Licence # _____	Company: _____
Date and Time : _____		Weather: _____	Vehicle Type: _____
Assessor / Evaluator: _____		Route: _____	

Observation	Score	Comments
Eye lead time		
Left - Right / scanning / shoulder checks		
Mirrors / tracking traffic		
Space Management		
Following distance		
Space at stops		
Path of least resistance		
Right-of-way		
Speed Control		
Acceleration/deceleration - smoothness		
Braking: full stops, smooth		
Speed for conditions		
Speed and traffic signs		
Steering		
Lane/turn position / set-up		
Steering: hand position, smoothness		
Communication		
Signals: timing and use		
Other: i.e. horn, eye contact		
General		Final Comments:
Seating, head rest position, and mirror adjustment; seat belt use		
Parking / Backing		
Anticipation: adjusts		
Judgment: decisions		
Timing: approach, traffic interactions		
Total Score (out of 40)		

Ratings:

- 0 – Consistently poor performance, violations, dangerous actions, regular major errors
- 1 – Needs improvement, regular minor errors, inconsistent performance, no caution, poor attitude
- 2 – Consistently good performance, smooth & precise vehicle control, safe interactions with traffic

32 out of 40 (80%) required to pass with no zeros, maximum of 8 - 1's.

PASS _____ FAIL _____