**DMV Driver Evaluation Form**

**Driver Details:**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Examiner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Test Areas:**

| **Skill Tested** | **Pass/Fail** | **Notes/Observations** |
| --- | --- | --- |
| **Pre-Drive Checklist** |  |  |
| **Lane Changes** |  |  |
| **Turns and Intersections** |  |  |
| **Highway Driving** |  |  |
| **Parking (Parallel, Reverse)** |  |  |
| **Adherence to Speed Limits** |  |  |
| **Emergency Situations** |  |  |
| **Overall Control of the Vehicle** |  |  |

**Summary of Results:
☐ Passed
☐ Failed**

**Remarks and Recommendations:**

**Acknowledgment:
I acknowledge the results of this evaluation.
Driver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Examiner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**