

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:** _____