

# Driver Evaluation Road Test Form

## Driver Information:

- Driver Name: \_\_\_\_\_
- License Type: \_\_\_\_\_
- Date of Road Test: \_\_\_\_\_
- Evaluator Name: \_\_\_\_\_

## Road Test Checklist:

Driving Skill	Rating (1-5)	Evaluator Notes
Start and Stop Procedures		
Lane Keeping		
Use of Mirrors and Signals		
Uphill/Downhill Driving		
Handling Traffic Lights		
Judgment in Traffic Situations		
Parking Maneuvers		
General Driving Attitude		

## Strengths:

- \_\_\_\_\_
- \_\_\_\_\_

## Areas for Improvement:

- \_\_\_\_\_
- \_\_\_\_\_

**Final Remarks:**

**Evaluator's Summary:**

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**Acknowledgment:**

I have reviewed this evaluation and understand the feedback provided.

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_