# Driver Assessment Form

**Driver Name:** __________________________

**Driver's Licence #** __________________________

**Company:** __________________________

**Date and Time:** __________________________

**Weather:** __________________________

**Vehicle Type:** __________________________

**Assessor / Evaluator:** __________________________

**Route:** __________________________

<table>
<thead>
<tr>
<th>Observation</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye lead time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left - Right / scanning / shoulder checks</td>
<td></td>
<td></td>
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<tr>
<td>Mirrors / tracking traffic</td>
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</tbody>
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## 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

- 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)

**Final Comments:** __________________________

**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** ________