

# Driver Assessment Form



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

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

**Rating Guide:**

- 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.**

