



Driver Assessment Form

Driver Name: _____ DL # _____ Company: _____
 Date / Time: _____ Weather: _____ Vehicle Type: _____
 Assessor: _____ Route: _____

Scoring

- 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 and precise vehicle control, safe interactions with traffic

Observation	Score	Comments
Eye lead time		
Left to right scanning; shoulder checks		
Mirrors / tracking traffic		
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: horn use, eye contact		
General		
Seat and mirror adjustment; seat belt use		
Parking / reversing		
Anticipation / adjustments		
Judgment: decision-making		
Timing: approach, traffic interactions		
Total score:		Pass: 32 out of 40 (80%); no 0's, maximum of 8 1's Pass <input type="checkbox"/> Fail <input type="checkbox"/>

