



## 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		
<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: horn use, eye contact		
<b>General</b>		
Seat and mirror adjustment; seat belt use		
Parking / reversing		
Anticipation / adjustments		
Judgment: decision-making		
Timing: approach, traffic interactions		
<b>Total score:</b>		<b>Pass: 32 out of 40 (80%); no 0's, maximum of 8 1's</b> <span style="float: right;">Pass <input type="checkbox"/> Fail <input type="checkbox"/></span>

