

SkillCheck Driver Assessment Form

Driver Name: _____	DL # _____	Company: _____
Date/Time: _____	Weather: _____	Vehicle Type: _____
Assessor: _____	Route: _____	
Scoring 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 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 (out of 40):		Pass Fail

32 out of 40 (80%) required to pass with no zeros, maximum of eight 1's.