

## Driver Assessment Form

<b>Driver Name:</b> _____		<b>Driver's Licence #</b> _____	<b>Company:</b> _____
<b>Date and Time :</b> _____		<b>Weather:</b> _____	<b>Vehicle Type:</b> _____
<b>Assessor / Evaluator:</b> _____		<b>Route:</b> _____	
Observation	Score	Comments	
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>		<b>Final Comments:</b>	
Seating, head rest position, and mirror adjustment; seat belt use			
Parking / Backing			
Anticipation: adjusts			
Judgment: decisions			
Timing: approach, traffic interactions			
<b>Total Score (out of 40)</b>			

**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 \_\_\_\_\_