

Driver Assessment Form

Driver Name: _____		Driver's Licence # _____	Company: _____
Date and Time : _____		Weather: _____	Vehicle Type: _____
Assessor / Evaluator: _____		Route: _____	
Observation	Score	Comments	
Eye lead time			
Left - 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: i.e. horn, eye contact			
General		Final Comments:	
Seating, head rest position, and mirror adjustment; seat belt use			
Parking / Backing			
Anticipation: adjusts			
Judgment: decisions			
Timing: approach, traffic interactions			
Total Score (out of 40)			

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 _____