

Driver Evaluation Road Test Form

Driver Name: _____ Test Date: _____

Observed by: _____

Vehicle Type and Number: _____

PRE-TRIP INSPECTION

Yes	No	General vehicle condition noted	Yes	No	360-degree walk-around performed
Yes	No	Parking brake set / applied	Yes	No	Tires evaluated
Yes	No	Lighting inspected	Yes	No	Steering inspected
Yes	No	Horn and windshield wipers inspected	Yes	No	Mirrors adjusted
Yes	No	Emergency equipment inspected	Yes	No	Insurance / licensing info inspected

PLACING VEHICLE IN OPERATION

Yes	No	Uses seat belt	Yes	No	Verifies passenger(s) is wearing seat belt
Yes	No	Starts vehicle properly	Yes	No	Observes traffic patterns
Yes	No	Does not allow vehicle to roll while stopped	Yes	No	Drives with both hands on steering wheel
Yes	No	Steers smoothly	Yes	No	Speed appropriate for conditions

BACKING AND PARKING

Yes	No	Gets out to look before backing	Yes	No	Avoids backing when possible
Yes	No	Uses mirrors properly	Yes	No	Does not blind-side back

INTERSECTIONS

Yes	No	Covers the brake with foot in intersections	Yes	No	Checks traffic in all directions
Yes	No	Stops vehicle in proper location	Yes	No	Does not allow vehicle to roll when stopped

TURNING

Yes	No	Vehicle is in proper lane for turn	Yes	No	Signals used in advance of turn
Yes	No	Approaches turn at proper speed	Yes	No	Checks traffic conditions
Yes	No	Turns only when traffic is cleared	Yes	No	Keeps vehicle in proper lane while turning

PASSING

Yes	No	Determines that pass is safe and legal	Yes	No	Passes in safe location
Yes	No	Checks ahead before passing	Yes	No	Uses turn signal appropriately
Yes	No	Returns to lane safely	Yes	No	Does not exceed speed limit

YES / NO Cell phone used during this trip while driving?

YES / NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one) DRIVER PASS DRIVER FAIL

Re-test on this date: _____

NOTES: _____

Evaluator Signature: _____