Driver Assessment Form

DRIVETIME® Driver Training Solutions

Company Name: .....

Client Name: .....

Driving Licence No: .....

Trainer Name: .....

Date: .....

Vehicle Make: .....

Vehicle Registration .....

Eyesight Check: Y ☐ N ☐

Vehicle Check: Y ☐ N ☐

Weather Conditions: .....

ASSESSMENT PROFILE (mark one box in each catergory only)

Key to Assessment Standards: 1 = consistently Good 2 = High with occasional lapses 3 = Satisfactory 4 = Needs Improvement

	Initial Assessment				Lesson Plan	Post Training				Attention
	1	2	3	4		1	2	3	4	
Use of Vehicle Controls	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Concentration	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Observation (including Mirror use)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anticipation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hazard Management	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Road Positioning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Use Of Signals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Use Of Speed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Manoeuvring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Separation Distance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Total Score = ☐

RISK PROFILE

10		20		30		40
	Low		Medium		High	

Trainers Overall Risk Grading Of Driver : **LOW** ☐ **MEDIUM** ☐ **HIGH** ☐

Trainer Comments:

Based on the drive I have witnessed today I assess the driver risk level as **Low – Medium – High.** Trainers Signature: .....

The information on this form has been explained to me **Print Name:** ..... **Signature:** .....