ROAD TEST

Driver's Name _____ Date _____Code _____

Location _____ License No. _____

	Always	Occasionally	Never
Drives in center of lane	( )	( )	( )
Adjusts speed to conditions	( )	( )	( )
Reduces speed, if necessary	( )	( )	( )
Steers smoothly	( )	( )	( )
Looks right and left at intersection	( )	( )	( )
Looks behind before pulling from curb	( )	( )	( )
Checks sides and rear	( )	( )	( )
Anticipates others' actions	( )	( )	( )
Checks mirror regularly	( )	( )	( )
Yields to pedestrians	( )	( )	( )
Avoids being boxed in	( )	( )	( )
Avoids hard stops or turns	( )	( )	( )
Signals and takes proper lane for turning	( )	( )	( )
Taps horn to alert others	( )	( )	( )
Makes eye contact	( )	( )	( )
Signals before pulling from curb	( )	( )	( )
Maintains safe following distance	( )	( )	( )
Avoids blind spots	( )	( )	( )
Is alert to parked cars	( )	( )	( )
Allows adequate room to pass	( )	( )	( )
Performs visual inspection	( )	( )	( )
Fastens seat belts	( )	( )	( )
Avoids using phone and other distractions in traffic	( )	( )	( )
Adjusts mirrors	( )	( )	( )
Checks instruments	( )	( )	( )

Comments and Action Taken:_____

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