

## Driver Assessment (Trainer Use)

Name.....  
 Location.....  
 Assessor.....  
 Drivers Licence Details.....  
 Eyesight Check: Yes/No/NA

Date.....  
 Position.....  
 Experience.....years  
 Groups..... Valid: Yes/No  
 Vehicle Check: Yes/No/N/a

### Perceptual Skills

Concentration  
 Observation  
 Anticipation  
 Awareness

Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Hazard Recognition and Responses

Ahead  
 Rear  
 Side  
 Road conditions  
 Active responses

Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Space Management/Positioning

Maintain space ahead  
 Manage space to sides  
 Manage space to rear  
 Position for vision and communication

Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Control of Vehicle

General use of speed  
 Speed for conditions/hazards  
 Use of brakes/gears  
 Use of signals

Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle Sympathy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Overall Risk Management

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Comments

Signed..... Name of Assessor .....