

# Driver Evaluation

Candidate's Name		English Comprehension	Good /Fair /Poor
Date Of Assessment		Number of Years Driving	
Eye Test	Pass / Fail	Prior Training	Yes /No
Level Of Critical Self Awareness: Good /Fair /Poor			
Comments:			

Vehicle Inspections /4WD	G	FR	P	Comments
Carry Out A Road Worthiness Check				
Carry Out A Pre-Driving Check				
Engaged 4WD High /Low Range				
<b>Steering</b>				
Correct Hand Position On Steering Wheel				
Correct Hand Position When Turning				
Steering Sense (Smooth /Controlled)				Over Steering /Under Steering
<b>Vehicle Controls</b>				
Use Correct Gear For Road Speed.				Labouring Engine
Gear Shifting (Smooth /Controlled)				
Use Correct Speed For Conditions				
Acceleration /Deceleration Smooth				
<b>Observation</b>				
Eyes Scanning The Environment				
Using Mirrors				
Over Shoulder Checks				
Commentary: Level Of Observation				
<b>Road Positioning</b>				
Correct Road Positioning /Overtaking				
Correct Road Positioning /Turning				
Correct Driving Distance When Following Other Vehicles.				
Correct Driving Techniques When Responding To Oncoming Traffic.				
Manoeuvring Through Cones – Speed, Steering Control				
Emergency Braking Technique W/O Locking Wheels.				
Following Traffic Regulations And Using Correct Driver Signals				

# Self-Awareness Evaluation

Have You Had Any Prior Driver Training?	Yes	No	If Yes, Please List The Course You Have Taken:
Have You Ever Had An Accident Or Near Miss?	Yes	No	If Yes, Describe The Incident:
Have You Ever Had To Brake Harshly?	Yes	No	If Yes, describe such an incident:
If Yes, How Have You Altered Your Driving In Response To The Above Situations?			
Have You Broken The Speed Limit?	Yes	No	Under What Circumstances Do You Believe it is Okay?
What Are Your Strengths As A Driver?			
What Are Your Weaknesses As A Driver?			
When Would You Engage 4WD - High Range?			
When Would You Use 4WD - Low Range?			