

# Driver Assessment Checklist



Driver's Name

Date of Assessment

Driver ID:

Assessor's Name

## Driving Skills and Knowledge

## Additional Considerations

- Vehicle Operation
- Defensive Driving
- Traffic Laws and Regulations
- Vehicle Inspection

- Clean Driving Record
- Passed Medical Fitness Screening
- Clean Drug and Alcohol Screening

## Overall Assessment

## Comments

- Excellent
- Satisfactory
- Needs Improvement
- Unsatisfactory

Signature of Assessor

Date