Deaf Access TTY/TTD: 204-985-8832



Practical Assessment: Control Skills

MARKING LEGEND:				
	Satisfactory			
	Needs improvement			
	Unsatisfactory			

Instructor Name:				Instructor Permit #:
School name:				Date (mm/dd/yy):
Student Name:				Student Driver Licence #:
Straightline:				Comments:
Position				
Speed and Control				
Signal				
Awareness				
Time				
Offset Backing:				Comments:
Position				
Speed and Control				
Signal				
Awareness				
Time				
90° Alley Dock:				Comments:
Position				
Speed and Control				
Signal				
Awareness				
Time				
Additional comments:				