

Practical Assessment: On-Road

MARKING LEGEND:	
●	Satisfactory
●	Needs improvement
●	Unsatisfactory

Instructor Name:	Instructor Permit #:
School name:	Date (mm/dd/yy):
Student Name:	Student Driver Licence #:

Left Turns:	●	●	●	Comments:
Position and lane selection				
Signal use				
Spacing and margins				
Speed and control				
Right-of-Way / Awareness				
Traffic signs, signals and markings				
Right Turns:	●	●	●	Comments:
Position and lane selection				
Signal use				
Spacing and margins				
Speed and control				
Right-of-Way / Awareness				
Traffic signs, signals and markings				
Starting & Stopping:	●	●	●	Comments:
Position and lane selection				
Signal use				
Spacing and margins				
Speed and control				
Right-of-Way / Awareness				
Traffic signs, signals and markings				
Lane Changes/Passing:	●	●	●	Comments:
Position and lane selection				
Signal use				
Spacing and margins				
Speed and control				
Right-of-Way / Awareness				
Traffic signs, signals and markings				
General Driving:	●	●	●	Comments:
Position and lane selection				
Signal use				
Spacing and margins				
Speed and control				
Right-of-Way / Awareness				
Traffic signs, signals and markings				
Use of equipment				

Additional comments: