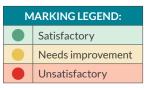


Practical Assessment: On-Road



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:	 	