

Driving Assessment Report



Client Name:	
Address:	
Age:	
Telephone/Email address:	
Licence Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Licence Expiry Date:	
Document checks:	Insurance: <input type="checkbox"/> Road Tax <input type="checkbox"/> MOT <input type="checkbox"/>
Eyesight requirement met?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Able to read a standard plate at 20.5m in good light)
Vehicle details:	Make & Model: _____ Registration Number: _____

The following **MUST** be brought to the attention of the Client.

For the information of the Client

You are responsible for your vehicle and are expected to comply with the law at all times. You must hold a current full driving licence and also have a current certificate of Insurance for this vehicle which specifically includes cover whilst receiving paid instruction. The MOT must be in date and the vehicle must be taxed and in a road worthy condition. There are various medical conditions and medications that have an impact on your ability to drive safely. Please make yourself familiar with these via your GP.

Client Signature:

Driver Grade	Satisfactory (S)	Requires Attention (A) (Refer to the Assessor Comments)
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	Grade		Grade
1. Vehicle condition check		11. Speed (Limits & Progress)	
2. Starting off procedure		12. Observations	
3. Clutch control		13. Hazard awareness	
4. Use of accelerator		14. Planning ahead	
5. Use of gears		15. Overtaking	
6. Use of brakes		16. Restraint	
7. Steering		17. Manoeuvring	
8. Use of mirrors		18. Courtesy & consideration	
9. Signalling		19. Concentration	
10. Positioning		20. Highway Code knowledge	

Assessor:

Assessment Date:

Assessment Comments:

Signed _____

Date _____