

BEHIND-THE-WHEEL DRIVER EVALUATION FORM

Student Name: _____

Instructor Name: _____

Pre-Drive Skills (Check & Preparation)

Skill	Pass	Fail
Adjusts seat, mirrors, steering wheel	<input type="checkbox"/>	<input type="checkbox"/>
Fastens seatbelt properly	<input type="checkbox"/>	<input type="checkbox"/>
Checks surroundings before starting	<input type="checkbox"/>	<input type="checkbox"/>
Starts vehicle safely	<input type="checkbox"/>	<input type="checkbox"/>

Basic Control Skills

Skill	Pass	Fail
Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>
Smooth braking	<input type="checkbox"/>	<input type="checkbox"/>
Steering control	<input type="checkbox"/>	<input type="checkbox"/>
Maintains proper speed	<input type="checkbox"/>	<input type="checkbox"/>

Traffic Skills

Skill	Pass	Fail
Obeys traffic signs/signals	<input type="checkbox"/>	<input type="checkbox"/>
Uses turn signals properly	<input type="checkbox"/>	<input type="checkbox"/>
Lane positioning	<input type="checkbox"/>	<input type="checkbox"/>
Maintains safe following distance	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-way decisions	<input type="checkbox"/>	<input type="checkbox"/>

Turning & Lane Changes

Skill	Pass	Fail
Left turns	<input type="checkbox"/>	<input type="checkbox"/>
Right turns	<input type="checkbox"/>	<input type="checkbox"/>
Lane changes	<input type="checkbox"/>	<input type="checkbox"/>
Checks mirrors/blind spots	<input type="checkbox"/>	<input type="checkbox"/>

Parking Skills

Skill	Pass	Fail
Parallel parking	<input type="checkbox"/>	<input type="checkbox"/>
Perpendicular parking	<input type="checkbox"/>	<input type="checkbox"/>
Angle parking	<input type="checkbox"/>	<input type="checkbox"/>
Backing up safely	<input type="checkbox"/>	<input type="checkbox"/>

Defensive Driving / Awareness

Skill	Pass	Fail
Scans environment consistently	<input type="checkbox"/>	<input type="checkbox"/>
Anticipates hazards	<input type="checkbox"/>	<input type="checkbox"/>
Maintains safe space cushion	<input type="checkbox"/>	<input type="checkbox"/>
Responds to unexpected situations	<input type="checkbox"/>	<input type="checkbox"/>

Overall Performance Rating

Pass

Fail

Instructor Signature: _____ **Date:** _____

I certify that the student has successfully met all required competencies and training standards and has earned a **Pass**. I understand that I must **not** sign this evaluation if the student's performance warrants a **Fail**, or if they have not met required skills, safety standards, or instructional objectives. Signing this document affirms that all information provided is accurate and complete to the best of my knowledge.

Student Signature: _____

Please submit this form to Driversed@dps.ms.us. Retain a copy for your records.