

Driver Behavior Evaluation Form

Driver Name

Date

Evaluator Name

Vehicle / License Plate

Evaluation Criteria	Excellent	Good	Fair	Poor	Comments
Observes traffic signals and signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Maintains safe following distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Uses signals properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Obeys speed limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Displays courtesy to other road users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

General Comments

Recommendations / Actions

Evaluator Signature