

# Driving Instructor Candidate Road Test Report

## Candidate Information

Name		License Number	
Date of Birth		Test Date	
Address			
Examiner		Location	

## Vehicle Information

Make/Model		Plate Number	
Transmission		Other	

## Pre-Drive Check

Item	Pass	Fail	Comments
Walkaround & Checks			
Seat/Controls/Seatbelts			
Mirrors			
Vehicle Start Procedure			

## Driving Assessment

Skill/Task	Excellent	Good	Needs Improvement	Unsatisfactory	Comments
Starting & Stopping					
Turning					
Lane Use/Change					
Traffic Observation					
Signaling					
Speed Control					
Parking (Parallel/Angle)					
Backing Up					
Hill Park/Start					
3-Point/Turnabout					
General Safety					

## Examiner Notes

Comments:

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Test Result

Pass		Fail	
Retest Recommended			

Candidate Signature

Date

Examiner Signature

Date