



# DRIVER TEST SCORE SHEET

 EQUIPMENT FAIL: 

RESTRICTION \_\_\_\_\_

ODL #	DATE	COURSE	APPLICANT'S NAME (LAST, FIRST, MIDDLE)	PLATE/TEMP
REPRESENTATIVE	INSURANCE COMPANY		POLICY NUMBER	EXPIRATION DATE

A. LEFT TURN			APPROACH			A. RIGHT TURN			F. INTERSECTIONS		
1	2	3				1	2	3			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONTROLLED</b>		1      2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Attention	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	Correct Lane		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Stop - too close, crosswalk, intersection	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	Unnecessary Stop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Stop - too suddenly, full, unnecessary	<input type="checkbox"/>	<input type="checkbox"/>
			<b>IF STOP</b>							<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	Intersection, Crosswalk, Too Close		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>UN-CONTROLLED</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Full Stop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Attention		<input type="checkbox"/>
			<b>TURNING</b>						<b>G. PARKING SPACE</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Speed	IN	OUT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Right of Way		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Position	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	Speed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Attention	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	Wide or Short		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H. SPEED</b>		
			<b>COMPLETE TURN</b>							POSTED	UNPOSTED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Correct Lane		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Too Fast	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Too Slow	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. PARKING</b>			<b>C. BACKING</b>			<b>D. RE-ENTRY</b>			<b>I. LACK OF ATTENTION</b> Non Designated		
1. Signal	<input type="checkbox"/>		1. Observation	<input type="checkbox"/>		1. Observation	<input type="checkbox"/>		1. Pedestrians	<input type="checkbox"/>	<input type="checkbox"/>
2. Observation	<input type="checkbox"/>		2. Path	<input type="checkbox"/>		2. Signal	<input type="checkbox"/>		2. Fails to Anticipate	<input type="checkbox"/>	<input type="checkbox"/>
3. Position	<input type="checkbox"/>								3. Vehicle Control	<input type="checkbox"/>	<input type="checkbox"/>
<b>ON LEFT OFF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>E. LANE CHANGE</b>			<b>ON RIGHT OFF</b>	<input type="checkbox"/>	<input type="checkbox"/>	4. Strays from Driving / Reaction to Emergency	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		1.	Signal					5. Lane Usage	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		2.	Observation			<input type="checkbox"/>		6. Speed	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		3.	Position			<input type="checkbox"/>		7. Following	<input type="checkbox"/>	<input type="checkbox"/>

### GFIFs Grounds for Immediate Failure

1. An accident involving any amount of property damage or personal injury.
2. The applicant refuses to perform any maneuver which is part of the prescribed driving test.
3. Any dangerous action in which:
  - a. An accident is prevented by expert driving or action on the part of other drivers.
  - b. The examiner is forced to assist the driver in avoiding an accident physically or orally.
  - c. The applicant drives or backs over curb or sidewalk.
  - d. The applicant creates a serious traffic hazard by stalling or other improper driving behavior.
4. The applicant commits any of the following:
  - a. Passes another car which is stopped at a crosswalk, yielding to a pedestrian or passes a school bus stopped with its red lights flashing.
  - b. Makes or starts to make a turn into or from the wrong lane under traffic conditions that render such actions dangerous.
  - c. Runs through or has to be stopped from running one red light or one stop sign.
5. If after proceeding a short distance on the drive test or after completion of the drive test it becomes apparent that the applicant is dangerously inexperienced or is unable to operate vehicle equipment. Score the test "G5."

## SCORE

TOTAL ERRORS	
1 = 97	14 = 58
2 = 94	15 = 55
3 = 91	16 = 52
4 = 88	17 = 42
5 = 85	18 = 39
6 = 82	19 = 36
7 = 79	20 = 33
8 = 76	21 = 30
9 = 73	22 = 27
10 = 70	23 = 24
11 = 67	24 = 21
12 = 64	25 = 18
13 = 61	26 = 15