

Public Assessment Drive/Ride

Observer			Date:	
Driver/Rider				
Address				
			Post Code:	
Telephone No.		Mobile:		
Email Address:				
Eyesight Test:		<input type="checkbox"/>	Declaration:	<input type="checkbox"/>

This must be brought to the attention of the Driver

*As the driver you are deemed to be in control of your vehicle at all times including responsibility for safety

Assessment grades:

Marking:

1 – Excellent, 2 – Competent

3 – Needs development

		Grade	Remarks
1	Starting off procedures		
2	Gears-selection and use		
3	Braking		
4	Approach to hazards		
5	Signalling		
6	Positioning		
7	Overtaking		
8	Making progress		

Observer comments:

Would benefit from:

Advanced Driver/Rider Training

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