Pro Driving School

Record of In-Vehicle Evaluation

Driver's License No	Date of Birth (yyyy-mm-dd)	Sex Height Class Cond	
Last Name, First Name, and Middle Initial		Ye 1. Do you wear contact eyeglasses or contact lenses?	s No
Street No. and Name or Lot, Conc. and Township	Apt No.	Do you suffer or have ever suffered from heart disease, stroke diabetes, epilpsy, loss of consciousness or awareness or any other medical condition or physical disability that may affect your safe operation of a motor vehicle? If yes, state the medical condition	
City, Town or Villiage	Postal Code	Telephone	
Check here if address above is different from license	for making a false statement is \$500.00		
Applicant's Signature		Date (yyyy-mm-dd)	
Summary reasons for disqualification	1. Start		
Right-of-way. ped / self /other traffic Intersections: controlled / uncontrolled Pavement or		-	
☐ Parking skills ☐ Traffic Signs & ☐ Speed (fast ≠ slow) signals	1		
Backing manoeuvres Pedestrians Following distance Other traffic Turn manoeuvres / Intersections Improper use of Steering wheel Accelerator Brakes Clutch Gears	Right of way observance ped Fails to use caution or obey ped Speed too fast / slov	les lanes / unmarked roadway / observe properly / early / late / not given / not cancelled / self / other vehicles cross-overs / school crossings emerg veh w for conditions / impedes traffic	
Violation of law - time - location Traffic sign Traffic Signals	4. Intersections / R.R. crossing Fails to observe properly Fails to obey signs or signals Late in slowing stopping Stopping position too soo Right-of-way observance ped	/ controlled / uncontrolled intersections	
Other	5. Turns		
Dangerous action	Signaling Wrong / early / late / no	ot given / not cancelled	
Specify	Right-of-way observance	/ late into position	
	Turns too wide -enters	wrong lane	
Fail	Speed too fast / too slow / Incorrect use of clutch	enter leave I moedes brake / accelerator / gears	
School Use only	6 Parking		
Previous Number of Tests	Fails to observe - uses Hits Objects Jother vehi		
Examined in a	Incorrect vehicle position		
Make of Vehicle Plate Number	Fails to signal when leaving Incorrect use of clutch		
Pass Complete Class		ng and for signal before leaving	
Examiner's Signature			
Instructor's Name	D.I. No.	Expiry	