

HOPE ENTERPRISES, INC.

This evaluation is to be completed initially and periodically thereafter for all staff who use an agency vehicle in the course of business for Residential and Day Programs.

DRIVING EVALUATION FORM		
Name of Operator _____	Date _____	
PA Operator's License Number _____		
Vehicle Identification _____		
Year Make Model & Plate No. _____		
Time of Evaluation _____ To _____		
Weather Conditions _____		
INSPECTION CRITERIA		
Circle U for Unsatisfactory or S for Satisfactory for each item listed. Provide comments for each unsatisfactory item.		
ITEM		COMMENTS
PRE-TRIP INSPECTION	U S	
USE OF SAFETY BELT	U S	
PROPER USE OF LIGHTS	U S	
PULLING INTO TRAFFIC	U S	
TURNING TECHNIQUES	U S	
USE OF TURN SIGNALS	U S	
USE OF MIRRORS	U S	
CHANGING LANES	U S	
PASSING TECHNIQUES	U S	
SPACE MANAGEMENT	U S	
SPEED MANAGEMENT	U S	
CURVE MANAGEMENT	U S	
LANE MANAGEMENT	U S	
DEFENSIVE DRIVING TECHNIQUES	U S	
CROSSING INTERSECTIONS	U S	
PEDESTRIAN INTERACTION	U S	
EXITING TRAFFIC	U S	
BACKING	U S	
PARKING	U S	
GENERAL DRIVING HABITS	U S	
LIFT VAN - SECURES WHEELCHAIR WITH TIE-DOWNS	U S	
EVALUATION SUMMARY		
OVERALL PERFORMANCE: UNSATISFACTORY [] SATISFACTORY []		
RECOMMENDATIONS:		
EVALUATOR'S PRINTED NAME & TITLE:		
SIGNATURE: _____	DATE: _____	