

# Driving Test Score Sheet

PRINT Name (Last, First, Middle initial)		Date of birth	
Driver license number		Applicant signature <b>X</b>	
Driving school name		Location	
School license #	Route #	Start time	End time
Examiner signature & license # <b>X</b>		Date	Type of ID—verified

DP = Danger potential    LS = Lack of skill    CP = Congestion potential

Backing		Mechanical operation	
DP: Vis Sig Sw Stp Spd Wide Curb 2Stp Unable Road	4	DP: Sig Hands Arm Pos 1Hand Clutch Gear Brk	2
LS: Wide Dis Cut Curb Weave	2	LS: Clutch Stall Start Races Gear PB Ctl Spins	1
Parallel parking		Left turns	
DP: Vis Sig Cont Thru Curb Unable Road	4	DP: Vis Sig Spd Cut Pos Wide	6
LS: Curb 1 1/2 Joc	2	LS: Wide	3
CP: Try Dis Cent	2	CP: Late Stp Lanes	3
Park and start on hill		Right turns	
DP: Vis Sig Pb Gear Wh Dis Ctl Curb	4	DP: Vis Sig Spd Cut Pos Wide	6
LS: Joc Curb Ctl	2	LS: Wide	3
CP: Dis	2	CP: Late Stp Lanes	3
Starting		Uncontrolled intersections	
DP: Vis Sig Curb	4	DP: Vis Spd	4
		CP: Stp Hes	2
Lane travel		Following	
DP: Vis Sig Rt Lanes Curb	4	DP: Close	4
CP: Lanes Weave	2	CP: Dis	2
Traffic control devices		Passing	
DP: Ftc	4	DP: Vis Sig Wide Close Left Right	4
CP: Stp	2	CP: Pass	2
Stop signs/ Flashing lights		Right-of-way	
DP: Vis 2Stp	4	DP: Row	4
CP: Sl Cw Int	2	CP: Row	2
Traffic signal lights		General driving performance	
DP: Vis Yel	4	DP: Attn Slow Stp	4
CP: Sl Cw Ror Hes	2	CP: Slow Hes	2
<b>Qualified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Your score:</b>	
If no, reason:			
<input type="checkbox"/> Accident <input type="checkbox"/> Dangerous action <input type="checkbox"/> Violation of law <input type="checkbox"/> Deductions <input type="checkbox"/> Failure to perform			