



Driver Evaluation and Coaching Checklist

Agency Name: _____

Driver Name: _____ Date: _____

Evaluator Name: _____ Time: _____

Prior to Departing

Topic	Satisfactory	Unsatisfactory	Comments
Local Geography			
Company Fleet Policies			
Accident Reporting and Response Practices			
Communication/ Dispatching Procedures			
Pre-trip Inspection			
Seatbelt Use			
Brake Failures			
Tire Blowouts			
Breakdown Procedures			
First Aid/Blood-borne Pathogens			
Safety Equipment			
Vehicle Evacuation Procedures			

Performance on the Road

Topic	Satisfactory	Unsatisfactory	Comments
Right Turns			
Left Turns			
Smoothness: Stops and Starts			
Intersection Awareness			
General Traffic Awareness			
Pulling Into/Out of Stops			
Changing Lanes			
Use of Mirrors			
Use of Hands			
Use of Feet			
Pedestrian Awareness			
Controlling Speed			
Managing Space			
Driving at Night			
Seeing Hazards			
Staying Alert			
Backing Procedures			



Passenger Relations and Assistant Skills

Topic	Satisfactory	Unsatisfactory	Comments
Attitude towards passengers			
Passengers transported in wheelchairs			
<ul style="list-style-type: none"> • Demonstrates proper lift use • Demonstrates proper tie down procedures 			
Smoothness: Stops and Starts			

Grade

Total # of Satisfactory Markings	
Total # of Unsatisfactory Markings	

Pass Fail

Overall Comments

Signatures

Driver: _____ Date: _____

Supervisor: _____ Date: _____



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