

Street Smarts Student Evaluation Form

Student Name: _____ Instructor: _____
 Cell Phone: _____ Home Phone: _____
 School: _____ Drive Times: _____
 Permit Expiration: _____ Class: _____

Listed below are a few things we have worked on with your student. We have circled what we feel your son and/or daughter needs to work on in order to proceed to the next drive lesson. Please sign and fill out the number of hours you have driven with your student since the last drive lesson with our instructor.

Scale: 4 High – 1 low (need extra practice outside of class)

Day 5: Parallel Parking/Review

| | Date _____ | Permit Check _____ | |
|------------------|------------|-------------------------|---------|
| Right of Way | 1 2 3 4 | Eye Movement/pedestrian | 1 2 3 4 |
| Crosswalks | 1 2 3 4 | Speed Control | 1 2 3 4 |
| Parallel Parking | 1 2 3 4 | Perpendicular Parking | 1 2 3 4 |

Talking points: Three step process for parallel parking. Review on residential, business district, interstate, perpendicular parking, etc.

Notes _____

Parents signature/# of driving hours: _____ Student's Signature: _____

Day 4: Interstate

| | Date _____ | Permit Check _____ | |
|--------------------|------------|--------------------|---------|
| Entrance Ramp | 1 2 3 4 | Exit Ramp | 1 2 3 4 |
| Merging w/ traffic | 1 2 3 4 | Lane Changes | 1 2 3 4 |
| Maintaining Speed | 1 2 3 4 | 3 Second Rule | 1 2 3 4 |
| Lane Position | 1 2 3 4 | Eye Movement | 1 2 3 4 |

Talking points: Getting to speed, look early on ramp, don't brake until on exit, 3 second rule, courtesy lane changes, emergency vehicle.

Notes _____

Parents signature/# of driving hours: _____ Student's Signature: _____

Day 3: Downtown/ One-Way streets/ Back in angle parking

| | Date _____ | Permit Check _____ | |
|-----------------------|------------|-------------------------|---------|
| Right of Way | 1 2 3 4 | One-way Streets | 1 2 3 4 |
| Turn in correct lane | 1 2 3 4 | Eye Movement/pedestrian | 1 2 3 4 |
| Crosswalks | 1 2 3 4 | Speed Control | 1 2 3 4 |
| Back in angle parking | 1 2 3 4 | | |

Talking points: Distractions, placement of lights, Lights being timed, Turning left on red, Pedestrian right of ways, Walnut street (bus only), Main Streets (Locust, Grand, Court, MLK, 2nd)

Notes _____

Parents signature/# of driving hours: _____ Student's Signature: _____

Day 2: 2 & 4 Lane Highway

| | Date _____ | Permit Check _____ | |
|-------------------------------|------------|----------------------|---------|
| Control of car (higher speed) | 1 2 3 4 | Eyes Look up farther | 1 2 3 4 |
| Controlled Braking | 1 2 3 4 | Eye Movement | 1 2 3 4 |
| Lane Changes | 1 2 3 4 | Maintaining Speed | 1 2 3 4 |
| 3 Second Rule | 1 2 3 4 | | |

Talking Points: BLIND SPOT Checking, drifting on lane changes, maintaining speed on lane changes, looking up, Reading the Lights and signs for it to change

Notes _____

Parents signature/# of driving hours: _____ Student's Signature: _____

Day 1: Residential/ City/ Parking

| | Date _____ | Permit Check _____ | |
|--------------------------------|------------|-----------------------------|---------|
| Right Turns from a stop | 1 2 3 4 | Left Turns from a stop | 1 2 3 4 |
| Right turns (no stop) | 1 2 3 4 | Left Turns (no stop) | 1 2 3 4 |
| Stopping locations | 1 2 3 4 | Right of Way (two way stop) | 1 2 3 4 |
| Right of way (4 way stop) | 1 2 3 4 | Steering | 1 2 3 4 |
| Parking (perpendicular, angle) | 1 2 3 4 | Eye Movement | 1 2 3 4 |

Talking Points: Startup of car, driving in a DE car, Pre-Ignition check, Pre-Entry Check, Angle of car pre-turn, reading other car intentions, right of way, Defensive Driving, railroad crossings

Notes _____

Parents signature/# of driving hours: _____ Student's Signature: _____