

**Southern Highlands Community Mental Health Center
Driving Skills Examination**

Employee Name: _____

Site Location: _____

Test Date

Driver's License #: _____

Test #1 _____ Test #2 _____

DRIVER'S TEST

Pass

Fail

| | | |
|-------------------------------|-------|-------|
| Use of Signals | _____ | _____ |
| Proper Use of Signals | _____ | _____ |
| Parking | _____ | _____ |
| Proper Use of Seat Belts | _____ | _____ |
| Emergency Exit | _____ | _____ |
| Proper Use of Lift | _____ | _____ |
| Overall Driving Ability | _____ | _____ |
| Wipers, Lights, Gauges, Tires | _____ | _____ |

CARE FOR CONSUMERS

| | | |
|--------------------|-------|-------|
| Incident Reporting | _____ | _____ |
| First Aid Kit | _____ | _____ |
| Fire Extinguisher | _____ | _____ |

VEHICLE CARE

| | | |
|----------------------|-------|-------|
| Pre-Trip Inspections | _____ | _____ |
| Safety Equipment | _____ | _____ |
| Fuel Log | _____ | _____ |
| Vehicle Cleaning | _____ | _____ |
| Mileage Log | _____ | _____ |
| Maintenance Request | _____ | _____ |

_____ Passed _____ Did not pass (Less than 100% is a failing grade)

Employee Signature

Program Coordinator