

Mature Driver's assessment

Driver			
Address			
		Post Code:	
Telephone No:		Mobile:	
Email Address:		IAM membership number:	
Eyesight Test:	Yes* <input type="checkbox"/>	Declaration:	Yes <input type="checkbox"/>

By providing my email address I consent to being contacted by email by the IAM. I understand that my details will not be passed to third parties. From time to time, the IAM would like to give you more information on the work of the IAM and other services we may provide that may benefit your driving skills. If you do not find this information useful then please unsubscribe on receipt or online.

Vehicle Make & Model:		Registration No:	
Driver's Signature:		Accompanied y/n: (name and relationship)	

This must be brought to the attention of the Driver

- As the driver you are deemed to be in control of your vehicle at all times including responsibility for safety

Assessment grades								
1 Excellent		2 Competent		3 Needs Development		4 Safety Concern		
				Grade				Grade
1	Starting Off Procedures			7	Hazard Perception			
2	Clutch/Gears/Brakes/Accelerator			8	Signalling and use of mirrors			
3	Steering			9	Dealing with traffic and other road users			
4	Positioning			10	Manoeuvring			
5	Progress/Hesitancy/Legality			11	Stopping			
6	Observation and Planning			12	Concentration/consideration and courtesy			

Overall assessment grade

1	Excellent	<input type="checkbox"/>	2	Competent	<input type="checkbox"/>	3	Needs Development	<input type="checkbox"/>	4	Safety Concern	<input type="checkbox"/>
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Additional Training recommended:

Tick if driver not safe to continue driving.
Refer to examiner handbook for guidance.

Sessions with an ADI	<input type="checkbox"/>	IAM specialist module	<input type="checkbox"/>	Advanced Driver Course	<input type="checkbox"/>	None	<input type="checkbox"/>
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Additional comments: _____

Assessor:		Number:		Date:		/		/	
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