

Start Time
 AM PM

Michigan Department Of State

Automobile Road Skills Test Score Sheet

Finish Time
 AM PM

Applicant First Name MI

Applicant Last Name

Date of Birth / / M Adult
 F Under 18
 Foreign/Out-of-State

MI Driver License Number (Write number in boxes and fill corresponding bubbles)

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> A | <input type="radio"/> J | <input type="radio"/> S | 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> B | <input type="radio"/> K | <input type="radio"/> T | 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> C | <input type="radio"/> L | <input type="radio"/> U | 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> D | <input type="radio"/> M | <input type="radio"/> V | 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> E | <input type="radio"/> N | <input type="radio"/> W | 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> X | 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> G | <input type="radio"/> P | <input type="radio"/> Y | 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> H | <input type="radio"/> Q | <input type="radio"/> Z | 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> I | <input type="radio"/> R | | 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | | | 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

Examiner Name (Print Clearly) Examiner Number Test Date / / Organization Number Site Number

School Permit Number Segment 2 School Code County

Level 1 Issue Date (Minimum 6 months) / / *Segment 2 Completion Date / /

Test Route: Primary Alternate

Vehicle Year Vehicle Make

Vehicle Plate Number Vehicle Model

Reason for Incomplete Test: Documents Equipment Other Explain:

Basic Control Skills P F Driving Test P F Automatic Failure: Disregarded Instructions Traffic Violation Accident

Basic Control Skills Score Driving Test Score Certificate Number

EXAMINER VEHICLE CHECK LIST

| External Vehicle | Internal Vehicle |
|---|---|
| <input type="checkbox"/> Leaks and exhaust system <input type="checkbox"/> Tires and lug nuts (if visible) <input type="checkbox"/> Springs <input type="checkbox"/> Headlights (low beams) <input type="checkbox"/> Tail lights and brake lights <input type="checkbox"/> Turn signals (front and back) | <input type="checkbox"/> Mirrors (rear view and outside left) <input type="checkbox"/> Seat(s) and safety belts <input type="checkbox"/> Horn <input type="checkbox"/> Windows and windshield <input type="checkbox"/> Wipers and washers <input type="checkbox"/> Speedometer and brake check |

BASIC CONTROL SKILLS TEST (Passing Score = 6 errors or less)

| Combined Skills Tests | | 1 | 2 | 3 | 4 | 5 |
|---------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Forward stop line | <input type="checkbox"/> | | | | | |
| Repositions | Y <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | P <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encroachments | Y <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | P <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Y-turn space | <input type="checkbox"/> | | | | | |
| In parallel parking space | <input type="checkbox"/> | | | | | |

A maximum of 5 points may be scored for the parallel park.

Comments:

* To be signed by the parent or legal guardian of the Segment 2 driver education graduate.
 I certify that the driver named above has accumulated at least 50 hours of behind-the-wheel experience, at least 10 hours of which occurred at night, while accompanied by a parent or legal guardian, or with permission of the parent or guardian, any licensed driver 21 years of age or older. I also certify that the applicant has not been responsible for a moving violation or collision during the preceding 90 days.

Signature of parent or guardian: _____

8211167455

Driver License Number (Write number in boxes and fill corresponding bubbles)

| | | | | | | | | | | | | | |
|-------------------------|-------------------------|-------------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|-----------------------|
| <input type="radio"/> A | <input type="radio"/> J | <input type="radio"/> S | 0 | <input type="radio"/> | 0 | <input type="radio"/> | 0 | <input type="radio"/> | 0 | <input type="radio"/> | 0 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> B | <input type="radio"/> K | <input type="radio"/> T | 1 | <input type="radio"/> | 1 | <input type="radio"/> | 1 | <input type="radio"/> | 1 | <input type="radio"/> | 1 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> C | <input type="radio"/> L | <input type="radio"/> U | 2 | <input type="radio"/> | 2 | <input type="radio"/> | 2 | <input type="radio"/> | 2 | <input type="radio"/> | 2 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> D | <input type="radio"/> M | <input type="radio"/> V | 3 | <input type="radio"/> | 3 | <input type="radio"/> | 3 | <input type="radio"/> | 3 | <input type="radio"/> | 3 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> E | <input type="radio"/> N | <input type="radio"/> W | 4 | <input type="radio"/> | 4 | <input type="radio"/> | 4 | <input type="radio"/> | 4 | <input type="radio"/> | 4 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> F | <input type="radio"/> O | <input type="radio"/> X | 5 | <input type="radio"/> | 5 | <input type="radio"/> | 5 | <input type="radio"/> | 5 | <input type="radio"/> | 5 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> G | <input type="radio"/> P | <input type="radio"/> Y | 6 | <input type="radio"/> | 6 | <input type="radio"/> | 6 | <input type="radio"/> | 6 | <input type="radio"/> | 6 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> H | <input type="radio"/> Q | <input type="radio"/> Z | 7 | <input type="radio"/> | 7 | <input type="radio"/> | 7 | <input type="radio"/> | 7 | <input type="radio"/> | 7 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> I | <input type="radio"/> R | | 8 | <input type="radio"/> | 8 | <input type="radio"/> | 8 | <input type="radio"/> | 8 | <input type="radio"/> | 8 | <input type="radio"/> | <input type="radio"/> |
| | | | 9 | <input type="radio"/> | 9 | <input type="radio"/> | 9 | <input type="radio"/> | 9 | <input type="radio"/> | 9 | <input type="radio"/> | <input type="radio"/> |

Examiner:
 It is very important that the Driver License and Test Date information be carefully completed on both sides of this form.

Test Date / /

DRIVING TEST (Passing Score = 25 errors or less)

| | | | |
|--|---|--|--|
| <p>LEFT</p> <p>1 2 3 4</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>APPROACH</p> <p>Traffic check, Turn signal</p> <p>Lane, Braking</p> <p>IF STOP</p> <p>Necessary, Full stop</p> <p>Stop line (or location), Gap</p> <p>Wheels straight (left)</p> <p>TURNING</p> <p>Traffic check, Yield, Timing</p> <p>Hands on wheel, Controlled steering</p> <p>Wide or Short, Fast or slow</p> <p>COMPLETES TURN</p> <p>Traffic check</p> <p>Correct lane, Controlled steering</p> <p>Acceleration/pacing</p> <p>Signal, Move right if slow</p> | <p>RIGHT</p> <p>1 2 3 4</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>Hazard Awareness (Simulated Head-On Collision)</p> <p>To avoid a collision:</p> <p>Drive toward right shoulder <input type="checkbox"/></p> <p>If you must hit an object:</p> <p>Choose soft object, if possible <input type="checkbox"/></p> <p>If possible, side-swipe it <input type="checkbox"/></p> |
| <p>Intersections</p> <p>Stop Intersections</p> <p>Stopping</p> <p>Traffic check</p> <p>Braking, Full stop</p> <p>Stop line (or location), Gap</p> <p>Driving Through</p> <p>Traffic check, Yield</p> <p>Timing, Lane, Hands on wheel</p> <p>Acceleration/pacing</p> | | | <p>Residential</p> <p>Awareness</p> <p>Space cushion, Speed</p> <p>Tracking, Lane lines</p> |
| <p>Through Intersections</p> <p>Traffic check, Yield, (with foot off accelerator)</p> <p>No unnecessary stopping</p> <p>Lane, Hands on wheel</p> <p>Acceleration/pacing</p> | | | <p>Curve</p> <p>Traffic check</p> <p>Speed (into and through)</p> <p>Stays in lane</p> <p>Railroad Crossing A/S</p> <p>Search</p> <p>Brake, Gears, Speed</p> <p>Lane, Hands, Required stop</p> |
| <p>Expressway - Rural - Urban</p> <p>Merge On</p> <p>Traffic check</p> <p>Signal on, Speed, Spacing</p> <p>Smooth merge, Lane lines</p> <p>Cancel signal</p> <p>Lane Changes</p> <p>Traffic check, Signal, Yield</p> <p>Smooth, Controlled steering</p> <p>Spacing, Cancel signal</p> <p>Straight</p> <p>Traffic checks/awareness</p> <p>Space cushion, Speed</p> <p>Proper lane</p> <p>Tracking, Lane lines</p> <p>Exit</p> <p>Traffic check, Signal</p> <p>Decelerate in exit lane</p> <p>Smooth exit, Lane lines</p> <p>Spacing, Ramp speed</p> <p>Cancel signal</p> | | | <p>Turn Fan (or Radio) On/Off</p> <p>Eyes off road briefly</p> <p>Stays in lane</p> <p>Controlled steering</p> |

General Driving Habits

Mark through words below for errors occurring at designated and non-designated locations. Mark boxes below for four or more errors recorded in each category. Mark the category box the first time an error appearing in bold print occurs.

SEARCH: ● Fails to check left, right, ahead, mirrors, blind spots, RRX, or hazards ● No head/eye movements ● "Small picture" ● Stops unnecessarily

● Driver distracted ● Soft object ● Side-swipe

SPEED AND BRAKE CONTROL: ● Fast/slow ● Speed on RRX

● (Regulatory/ basic/advisory) ● Poor acceleration or pacing

● Speedometer checks too frequent ● **No full stop**

● Brakes hard/soft/rides/pumps ● No decel in exit lane

● Improper clutch (pops/rides) ● Wrong gear ● Coasts ● Shifts on RRX

DIRECTION AND SPACE CONTROL: ● **No turn signal**

● Fails to cancel signal or use signal properly ● Wide/short

● Poor lane tracking ● Lane line ● Incorrect lane

● Fails to move right ● Bad gap ● Space cushion ● Poor spacing

● Beyond stop lines/signs, crosswalks, sidewalks, or in intersection

STEERING CONTROL: ● Palming ● Shuffling ● One-handed

● Non-controlled steering ● Wheels not straight for left turn

● Non-smooth merge, exit or lane change

TIMING: ● Brakes early/late/none ● Signals early/late

● Poor timing, yielding or reacting ● Too timid or aggressive

LAW: ● Told to wear safety belt. ● **Non-failing traffic violation (explain below)**

Comments Or Reason For Automatic Failure: