

# COOPERATIVE DRIVER TESTING PROGRAM

## CERTIFICATE ROAD TEST SCORE SHEET

Student's Name: \_\_\_\_\_

IP Number: \_\_\_\_\_

IP Expiration Date: \_\_\_\_\_

High School Name/Code: \_\_\_\_\_

SKILLS / MANEUVERS	POOR	FAIR
Start	6	3
Posture	4	2
Use of Mirror	2	1
Steering	4	2
Lane Observance	8	4
Right-of-Way	8	4
Intersection Observance	8	4
Attention	6	3
Following	4	2
Speed Too Fast	6	3
Speed Too Slow	6	3
Signal - Curb	6	3
Signal - Lanes	6	3
R. R. Crossing	8	4
Use of Gears	6	3
Use of Auto. Trans.	4	2
Use of Brakes	8	4
Final Park	4	2
Park Uphill	4	2
Start Uphill	4	2
Park Downhill	4	2
Start Downhill	4	2
Backing	6	3
Turn About	6	3
Stop 1	8	4
Stop 2	8	4
Stop 3	8	4
Stop 4	8	4
Traffic Signal	6	3
Traffic Signal	6	3
Traffic Signal	6	3
Other Signs	4	2
Other Signs	4	2

TURNS	POOR	FAIR
LEFT TURNS:		
Signal	4 4 4 4	2 2 2 2
Observation	4 4 4 4	2 2 2 2
Speed	4 4 4 4	2 2 2 2
Lane	4 4 4 4	2 2 2 2
RIGHT TURNS		
Signal	4 4 4 4	2 2 2 2
Observation	4 4 4 4	2 2 2 2
Speed	4 4 4 4	2 2 2 2
Lane	4 4 4 4	2 2 2 2

TOTAL SCORE =

Passing Score = 35 or less

Failure / Immediate Rejection:

Points ☐ Dangerous Action ☐  
 Violation ☐ Lack of Cooperation ☐  
 Accident ☐ Other \_\_\_\_\_ ☐

This certifies that \_\_\_\_\_  
 has successfully completed driver training in  
 accordance with the Illinois State Board of  
 Education; earned a final grade of \_\_\_\_\_ in  
 an approved driver education course; passed  
 an approved road test; and has qualified for  
 driver's license certification, subject to a spot  
 check, by the Secretary of State.

\_\_\_\_\_  
Instructor Signature Date

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Instructor Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date