

## NOTTINGHAM NEUROLOGICAL DRIVING ASSESSMENT

<b>CLIENTS NAME:</b>	
<b>LICENCE NO:</b>	<b>LICENCE EXPIRES:</b> /        /
<b>ASSESSOR:</b>	<b>DATE OF ASSESSMENT:</b> /        /
<b>ADI:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>TIME OF START:</b> AM/PM	<b>START MILEAGE:</b>

<b>CLIENTS VEHICLE USED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>VEHICLE TYPE:</b>
<b>CENTRE'S VEHICLE USED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>VEHICLE TYPE:</b>
<b>AUTOMATIC:</b>	<b>MANUAL:</b>
<b>STANDARD SIGHT TEST (ABILITY TO READ NUMBER PLATE AT 20M)</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b><u>ADAPPTIONS/CONTROLS USED</u></b>	
<b>WEATHER CONDITIONS:</b> DRY <input type="checkbox"/> WET <input type="checkbox"/> RAIN <input type="checkbox"/> MIST <input type="checkbox"/>	

### SPECIFIC TEST POINTS

		Correct	Minor Fault	Major Fault			Correct	Minor Fault	Major Fault
1	Starting precautions				13	Passing static vehicles			
2	Moving off				14	Merging with traffic stream			
3	Observations at side to junctions				15	Anticipation pedestrian behaviour			
4	Observations to rear				16	Anticipation behav. of other road users			
5	Use of signals				17	Use of speed			
6	Positioning on road				18	Obedience of road signs			
7	Cornering				19	Observation of speed limits			
8	Braking				20	Courtesy			
9	Accelerating				21	Emergency Stop			
10	Overtaking (inc cyclists)				22	Reversing			
11	Driving on roundabouts				23	Parking vehicle			
12	Driving in traffic lanes				24	Turning right			
					25	Following too close			

### TYPE OF ROUTE

MOTORWAY		FINISH TIME (24 hours)	
DUAL CARRIAGEWAY		LENGTH OF TEST (hours)	
TRUNK ROAD		END MILEAGE	
COUNTRY ROAD			
LIGHT TRAFFIC			
HEAVY TRAFFIC		TOTAL MILES	

CLIENT'S NAME:

**IMPRESSIONS OF DRIVING ABILITY/SAFETY**

(Also please record any incidents, difficulties or causes for concern and comment on any faults which you regard as potentially dangerous that might indicate the driver may be a source of danger to other road users)

1. Do you consider the client is safe to drive on the public road unsupervised?

Definitely Safe		Probably Safe		Probably Unsafe		Definitely Unsafe	
-----------------	--	---------------	--	-----------------	--	-------------------	--

(N.B. This is taken to apply to once a person is familiar with new controls if these are recommended)

2. Do you consider the client would benefit from a course of driving tuition?

Essential		Beneficial		Not Needed	
-----------	--	------------	--	------------	--

Signature: .....