**DRIVER’S EVALUATION FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(mm/dd/yyyy)*

|  |  |  |
| --- | --- | --- |
| Name of Driver of the Vehicle | : |  |
| Government Vehicle Used / Plate Number | : |  |
| Date of Travel | : |  |
| Destination | : |  |

Please put a check mark on the boxes provided for each item that corresponds to your rate.

Excellent Very Satisfactory Unsatisfactory Poor

Satisfactory

1. The vehicle is clean and

well-maintained

1. Driver followed traffic

rules and road safety

1. Driver is courteous and

Punctual.

1. Reached destination

on time

**Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rater’s Name and Signature