



<b>Trainer name</b> _____ <b>PRN</b> _____ <b>Address</b> _____ <b>App ref</b> _____ <b>Date</b> _____ <b>Driver no</b> _____ <b>Time</b> _____ <b>Test results preference</b> <input type="checkbox"/> Post <input type="checkbox"/> Email address _____	<b>Overall Outcome</b>  <b>Start time</b>  <b>Finish time</b>
I agree to DVSA collecting, using, storing and sharing my personal information for the purpose of carrying out this test.	

<b>Trainer PRN</b> <input style="width: 80%;" type="text"/>	<b>ORDIT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Valid certificate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Accompanied by</b> <input type="checkbox"/> Trainer <input type="checkbox"/> Supervisor <input type="checkbox"/> Other
<b>Vehicle reg</b> <input style="width: 20px;" type="text"/>	<b>Transmission</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic

Assessment				
<b>Student:</b> <input type="checkbox"/> Partly trained <input type="checkbox"/> Trained <input type="checkbox"/> FLH New <input type="checkbox"/> FLH Experienced	Competence			
	0	1	2	3
<b>Lesson theme:</b> <input type="checkbox"/> Junctions <input type="checkbox"/> Town & city driving <input type="checkbox"/> Eco-safe driving <input type="checkbox"/> Independent Driving <input type="checkbox"/> Motorways <input type="checkbox"/> Defensive driving <input type="checkbox"/> Commentary <input type="checkbox"/> Effective use of mirrors <input type="checkbox"/> Dual carriageway/faster moving roads <input type="checkbox"/> Rural roads <input type="checkbox"/> Interaction with other road users Other: _____	No evidence	Demonstrated in a few elements	Demonstrated in most elements	Demonstrated in all elements

Lesson Planning				
Did the trainer identify the pupil's learning goals and needs?				
Was the agreed lesson structure appropriate for the pupil's experience and ability?				
Were the practice areas suitable?				
Was the lesson plan adapted, when appropriate, to help the pupil work towards their learning goals?				
<b>Total score:</b>				

Risk Management				
Did the trainer ensure that the pupil fully understood how the responsibility for risk would be shared?				
Were directions and instructions given to the pupil clear and given in good time?				
Was the trainer aware of the surroundings and the pupil's actions?				
Was any verbal or physical intervention by the trainer timely and appropriate?				
Was sufficient feedback given to help the pupil understand any potential safety critical incidents?				
<b>Total score:</b>				

Teaching & Learning Strategies				
Was the teaching and learning style suited to the pupil's learning style and current ability?				
Was the pupil encouraged to analyse problems and take responsibility for their learning?				
Were opportunities and examples used to clarify learning outcomes?				
Was the technical information given comprehensive, appropriate and accurate?				
Was the pupil given appropriate and timely feedback during the session?				
Were the pupil's queries followed up and answered?				
Did the trainer maintain an appropriate non-discriminatory manner throughout the session?				
At the end of the session - was the pupil encouraged to reflect on their own performance?				
<b>Total score:</b>				
<b>Total overall score:</b>				



Review

	Yes	No
Did the trainer score 7 or less on Risk Management? (A 'Yes' response to this question will result in an automatic Fail)		
At any point in the lesson, did the trainer behave in a way which put you, the pupil or any third party in immediate danger, so that you had to stop the lesson? (A 'Yes' response to this question will result in an automatic Fail)		
Was advice given to seek further development?		

Reason for no advice given? (if applicable)

Empty text box for reason for no advice given.

Feedback offered to the trainer

Large empty text box for feedback offered to the trainer.

Examiner's name

Line for examiner's name.

Examiner's signature

X

Line for examiner's signature.

Activity code

Activity code input box.

Language

English checkbox.

English

Cymraeg checkbox.

Cymraeg

Debrief witnessed

Yes checkbox.

Yes

No checkbox.

No

Additional information

Large empty text box for additional information.

Reason for use

Reason for use checkbox.

iPad: Tech fault / Lost / Stolen / Broken

Transfer checkbox.

Transfer

Other checkbox.

Other (please specify)

Line for other reason for use.

\*Delete as appropriate

Examiner scheduled on journal

Line for examiner scheduled on journal.

Staff number

Staff number input boxes (8).

Examiner who conducted test

Line for examiner who conducted test.

Staff number

Staff number input boxes (8).

Date of re-key

Date of re-key input boxes (DDMMYYYY).

Re-keyed by

Line for re-keyed by.