

**Emergency Vehicle Operator Course (Ambulance): National Standard Curriculum
Module B
Ambulance Operation: Demonstration and Practice
Driving Course Evaluation**

Participant Name: _____ **ID#:** _____

Date: _____

DRIVING COURSE SUMMARY		
EXERCISE	COMPLETED	RETEST
Serpentine		
Diminishing Clearance		
Braking While Turning		
Straight Line Braking		
U-Turn		
Three-Point Turnaround		
Right-side Road Turnaround		
Left-side Road Turnaround		
Slow Speed Lane Change		
Perpendicular Parking, Back In and Drive Out		

Serpentine

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Maintained required speed					
Hand position					
Maintained constant speed					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
Smooth braking					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Diminishing Clearance

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Maintained required speed					
Hand position					
Maintained constant speed					
Steering control constant and even					
Accelerator, steering coordination					
Maintained centerline position					
No left foot braking.					
Smooth braking					
Use of mirrors					
Slow, steady speed in reverse					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Braking While Turning

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Maintained required speed					
Hand position					
Smooth speed changes					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
Smooth braking					
Use of mirrors					
Slow, steady speed in reverse					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Straight Line Braking

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Maintained required speed					
Hand position					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
Smooth braking					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

U-Turn

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Signals in advance					
Check for traffic					
Hand position					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
Smooth braking					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Three-Point Turnaround

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Signals in advance					
Check for traffic					
Proper technique					
Hand position					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
Smooth braking					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Right-side Road Turnaround

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Signals in advance					
Check for traffic					
Proper technique					
Hand position					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
Smooth braking					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Left-side Road Turnaround

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Signals in advance					
Check for traffic					
Proper technique					
Hand position					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
Smooth braking					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Slow Speed Lane Change

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Signals in advance					
Proper technique					
Hand position					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
No braking through maneuver					
Smooth braking (at end)					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____

Perpendicular Parking Exercise

Participant Name: _____

Date: _____

Characteristic	Run 1	Run 2	Run 3	Run 4	Run 5
Proper driving position; seat, mirrors, seat belt					
Accelerated smoothly					
Signals in advance					
Proper vehicle positioning					
Proper technique					
Hand position					
Steering control constant and even					
Accelerator, steering coordination					
No left foot braking.					
No braking through maneuver					
Smooth braking (at end)					
Use of mirrors					
Negotiates the course smoothly					
Number of cones hit					
Adequate reaction times during maneuver					
Vehicle always in control					
Task completed appropriately					
Vehicle position appropriate throughout maneuver					

Exercise successful. All requirements met. YES NO

If no, reasons: _____

Instructor signature: _____ Date: _____

I have seen the completed form and have been given an explanation of my performance and rating.

Participant signature: _____ Date: _____