



Student Evaluation Form

Student:

Instructor:

Run Group:

Event/Date:

Please rate on a scale of 1-5 (5=most positive, 3=neutral, 1=most negative)

Does the student:	5	4	3	2	1
Check personal ergonomics & safety (chin strap, seat & hand position, harness/seat belt, & mirrors)					
Follow proper procedures entering and exiting the track					
Follow proper passing procedures whether passing or being passed					
Watch his/her mirrors					
Use proper hand signals					
Understand the line					
Use good overall judgment					
Understand and observe track flags					
Follow proper braking procedures					
Exhibit consistent, smooth driving					
Stay focused					
Show good vision					
Have good car control					
How do you feel driving with this student?					

I recommend that this student:

Continue to drive with an instructor (not signed off).

May now drive without an instructor (signed off).

Recommended Run Group:

Green

Yellow

Blue

White

Black

Instructor's comments (if any):

Instructor's signature:

Return to: Matthew Wallis, 417 Dutton Road, Sudbury, MA 01776,
or E-mail [Matthew](mailto:Matthew@pcanortheast.com) and attach this form.