



DRIVER'S EDUCATION SURVEY

STUDENT NAME:

AGE:

DOB (DATE OF BIRTH):

1. Have you had a driving permit before? YES NO

When?

2. Do you have a license? YES NO

3. Have you driven in the following areas?

_____ **Residential**

_____ **Country**

_____ **Downtown (large city)**

_____ **Freeway**

**4. How much driving experience do you have to include year's/months?
Explain.**

5. Do you have any outstanding fines? YES NO

Explain.

6. Do you need accommodations to assist in obtaining your permit?

YES NO

If so, what?

Student Signature

Date