

# Chapter 7 Test

Student Name: \_\_\_\_\_

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

The above named student did not receive help from any person during the testing period.

Signed: \_\_\_\_\_  
(Name of Parent or Adult)

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

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

11) \_\_\_\_\_

12) \_\_\_\_\_

13) \_\_\_\_\_

14) \_\_\_\_\_

15) \_\_\_\_\_

Completed test should be mailed to:

A Safe Way Driving School  
ATTN: John Mumma  
3178 Grande Oak Place  
Lancaster, PA 17601