

## Unit 2 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) \_\_\_\_\_

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

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

16) \_\_\_\_\_

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

17) \_\_\_\_\_

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

18) \_\_\_\_\_

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

19) \_\_\_\_\_

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

20) \_\_\_\_\_

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

21) \_\_\_\_\_

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

22) \_\_\_\_\_

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

23) \_\_\_\_\_

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

24) \_\_\_\_\_

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

25) \_\_\_\_\_

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

26) \_\_\_\_\_

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

27) \_\_\_\_\_

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

Completed test should be mailed to:

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