

## Chapter 4 Test

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

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

The above person 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) \_\_\_\_\_

Completed tests should be mailed to:

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