

Unit 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) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____
- 17) _____
- 18) _____
- 19) _____
- 20) _____

Completed tests should be mailed to:

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