

**Driver Rehabilitation Services**

**133X Level II – Adaptive Driver Evaluation Low Tech  
 134X- Level II- Adaptive Driver Evaluation High Tech**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Provider: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant First Name: | Click to enter | | Participant Last Name: | Click to enter |
| Participant Phone Number: | | Click to enter | | |
| Participant Email Address: | | Click to enter | | |

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| **Hours Completed for this Report:** | | | | | Click to enter | | | | | |
|  |  |  | |  |  |  |  |  |  |  |
| **Hours Used to Date:** | | | Click to enter | | | | | | | |
|  |  |  | |  |  |  |  |  |  |  |
| **Total Hours Authorized:** | | | | Click to enter | | | | | | |
|  |  |  | |  |  |  |  |  |  |  |
| **Evaluation Dates:** | | Click to enter | | | | | | | | |
|  | |  | |  |  |  |  |  |  |  |

**Driving Status**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | | |  |  |  |  |  |  |
| **Driving Status:** | | | | | | |  |  |  |  |  |  |
|  |  | Driver License | | | | |  |  |  |  |  |  |
|  |  |  | Number: | | Click to enter | | | | | | | |
|  |  |  | State: | Click to enter | | | | | | | | |
|  |  |  | Expiration Date: | | | | Click to enter | | | | | |
|  |  |  | Class: | Click to enter | | | | | | | | |
|  |  |  | Restrictions: | | Click to enter | | | | | | | |
|  |  | Learners Permit | | | | |  |  |  |  |  |  |
|  |  | Non-drivers ID | | | | |  |  |  |  |  |  |
|  |  |  |  | | | |  |  |  |  |  |  |
| **Relevant Driving History:** | | | | | |  | | | | | | |
| Click to enter | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Adaptive Equipment**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Low Tech (133X):** | | | | |  |  |  |  |  |  |  |
|  |  | | Raised tops and/or doors | | | | | | | | |
|  |  | | Mechanical hand controls and steering devices | | | | | | | | |
|  |  | | Six-way power transfer seats | | | | | | | | |
|  |  | | Car top carriers | | | | | | | | |
|  |  | | Wheelchair lifters/loader | | | | | | | | |
|  |  | | Other: Click to enter | | | | | | | | |
|  |  | | |  |  |  |  |  |  |  |  |
| **High Tech (134X):** | | | | |  |  |  |  |  |  |  |
|  |  | Remote steering packages | | | | | | | | | |
|  |  | Lowered floor conversions | | | | | | | | | |
|  |  | Foot steering | | | | | | | | | |
|  |  | Low-effort conversions | | | | | | | | | |
|  |  | Horizontal steering | | | | | | | | | |
|  |  | Braking and throttle servo controls | | | | | | | | | |
|  |  | Other | | | | | | | | | |
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**Adaptive Driver Evaluation Report**

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| **Adaptive driver evaluation report is required to be submitted with this 133X/134X report.** | | | | | | | | |
|  | | | | | | | | |
| Please indicated that each of the required components is covered in the attached Adaptive Driver Evaluation Report: | | | | | | | | |
|  |  | Medical Status History – diagnosis, past medical history, medications, loss of consciousness, functional deficits | | | | | | |
|  |  | Vision and Hearing – distance acuity, visual field, night vision, color discrimination, scanning, conversational speech, hearing aids; | | | | | | |
|  |  | Cognition and Learning – attention/concentration, auditory memory, visual memory, sequencing, behavior, judgment, multiple task processing; | | | | | | |
|  |  | Strength and Range of Motion and wheelchair seating as they pertain to the functional skills necessary to safely operate a motor vehicle; | | | | | | |
|  |  | Licensure Status – expiration date, license class, restrictions and driving history; | | | | | | |
|  |  | Knowledge and Driving Performance – traffic sign and road marking, general traffic rules, pre-driving, traffic environments (controlled, residential, multi-lane, urban, expressway);  Summary of clinical and driving evaluation, adaptive driving aids used (if applicable), findings/recommendation from the Vehicle Consultant. | | | | | | |
|  |  | Type of vehicle(s) that will accommodate the adaptive equipment or modification being recommended. | | | | | | |
|  |  | If the individual cannot drive a vehicle, the report should include information on what the needs are for the person to be safely transported in a private motor vehicle. | | | | | | |
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**Summary of Recommendations**

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| **Please summarize recommendations made in the adaptive driver evaluation:** | | | | | | | | | |
| Click to enter | | | | | | | | | |
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| **Was the report submitted to the VRC within 10 business days of the completion of service?** | | | | | | | | |
|  |  | Yes |  | No |  |  |  |  |
| **If no, explain:** | Click to enter | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **Was the VRC offered to attend a conference at the conclusion of the service?** | | | | | | | | |
|  |  | Yes |  | No |  |  |  |  |
| **If no, explain:** |  |  |  |  |  |  |  |  |
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| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Qualified Evaluator Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |