## Driver Rehabilitation Services

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

<table>
<thead>
<tr>
<th>AV#</th>
<th>(7 digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCES-VR ID#</td>
<td>(6 digits)</td>
</tr>
<tr>
<td>CAMS ID #</td>
<td>(10 digits)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>VR District Office:</th>
<th>Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRC Name:</td>
<td>NYS Fiscal System ID:</td>
</tr>
<tr>
<td></td>
<td>Report Date:</td>
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</table>

<table>
<thead>
<tr>
<th>Participant First Name:</th>
<th>Participant Last Name:</th>
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<tbody>
<tr>
<td>Participant Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Participant Email Address:</td>
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### Hours Completed for this Report:

### Hours Used to Date:

### Total Hours Authorized:

### Evaluation Dates:

### Driving Status

**Driving Status:**

- [ ] Driver License
  - Number:
  - State:
  - Expiration Date:
  - Class:
  - Restrictions:
VR-133X/134X

☐ Learners Permit
☐ Non-drivers ID

Relevant Driving History:

Adaptive Equipment

**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:

**High Tech (134X):**
- ☐ Remote steering packages
- ☐ Lowered floor conversions
- ☐ Foot steering
- ☐ Low-effort conversions
- ☐ Horizontal steering
- ☐ Braking and throttle servo controls
- ☐ Other

Adaptive Driver Evaluation Report

Adaptive driver evaluation report is required to be submitted with this 133X/134X report.

Please indicate 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.

Summary of Recommendations

Please summarize recommendations made in the adaptive driver evaluation:

Was the report submitted to the VRC within 10 business days of the completion of service?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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If no, explain:

Was the VRC offered to attend a conference at the conclusion of the service?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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If no, explain:

Completed By:

Qualified Evaluator Signature

Date

Printed Name

Title

Phone Number:

Email: