

**Driver Rehabilitation Services**

**880X- Adaptive Driver Training- Low Tech- Car or Van**

**881X- Adaptive Driver Training- High Tech- Car or Van**

|  |  |  |
| --- | --- | --- |
| 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 | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  |  |  |  |  |
| Number of Units Provided This Month: | | | | | | Click to enter | | | | |
| Number of Units Provided to Date: | | | | | | Click to enter | | | | |
| Number of Travel Units This Month: | | | | | | Click to enter | | | | |
| Number of Travel Units to Date: | | | | | | Click to enter | | | | |
| Adaptive Equipment: | | | Click to enter | | | | | | | |
|  |  |  | |  |  |  |  |  |  |  |
| Does training vehicle have appropriate equipment to match driver’s needs? | | | | | |  | Yes |  | No |  |
|  |  |  | |  |  |  |  |  |  |  |
| Did the participant arrive on time? | | | | | |  | Yes |  | No |  |
| If No, please describe: | | | | Click to enter | | | | | | |
|  |  |  | |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency Achievement** | | | | **Competency Key:** **A**-Achieved **DA**-Did Not Achieve **PA-**Partially Achieved **NT-**Not Tested | | | | |
| Dates of Service | | | | Click | Click | Click | Click | Click |
| Number of Service Units provided | | | | Click | Click | Click | Click | Click |
| Number of Travel Units provided | | | | Click | Click | Click | Click | Click |
| **Traffic Environment** (X=Lesson location) | | | |  |  |  |  |  |
| Residential | | | |  |  |  |  |  |
| City | | | |  |  |  |  |  |
| Highway (30–55 mph) | | | |  |  |  |  |  |
| Expressway (55-65 mph) | | | |  |  |  |  |  |
| Comments: | | Click to enter | | | | | | |
|  | |  | | | | | | |
| **Vehicle Control** | | | |  |  |  |  |  |
| Enter/Exit Traffic | | | | Click | Click | Click | Click | Click |
| Acceleration | | | | Click | Click | Click | Click | Click |
| Braking | | | | Click | Click | Click | Click | Click |
| Stop Positions | | | | Click | Click | Click | Click | Click |
| Right Turns | | | | Click | Click | Click | Click | Click |
| Left Turns | | | | Click | Click | Click | Click | Click |
| Lane Positioning | | | | Click | Click | Click | Click | Click |
| Lane Changes | | | | Click | Click | Click | Click | Click |
| Speed Adjustments | | | | Click | Click | Click | Click | Click |
| Scanning | | | | Click | Click | Click | Click | Click |
| Intersections | | | | Click | Click | Click | Click | Click |
| Comments: | | Click to enter | | | | | | |
|  | |  | | | | | | |
| **Maneuvers** | | | |  |  |  |  |  |
| Parallel park | | | | Click | Click | Click | Click | Click |
| K-turn | | | | Click | Click | Click | Click | Click |
| Pulling to curb | | | | Click | Click | Click | Click | Click |
| Applies rules of road & defensive strategies | | | | Click | Click | Click | Click | Click |
| Maintains Attention/Avoids Distractions | | | | Click | Click | Click | Click | Click |
| Maintains behavior emotional control | | | | Click | Click | Click | Click | Click |
| Comments: | | | Click to enter | | | | | |
|  | | |  | | | | | |
| **Applies Compensatory Strategies** | | | | Click | Click | Click | Click | Click |
| Specify: | Click to enter | | | | | | | |
| Specify: | Click to enter | | | | | | | |
|  |  | | | | | | | |
| **Chapter Test Completion -** Enter Chapter # | | | | Click | Click | Click | Click | Click |
| Enter Test Score | | | | Click | Click | Click | Click | Click |
| **Road Test Completed**-if applicable | | | | Click | Click | Click | Click | Click |
| **Equipment Assessment Completed-**  if applicable | | | | Click | Click | Click | Click | Click |

|  |
| --- |
| **Comments/Concerns:** |
| Click to enter |

Discussed with and agreed to by ACCES-VR VRC on the date listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | Click to enter |
|  |  |  |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |