

**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 |
|  |  |  |  |  |  |  |  |  |  |

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

|  |
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| **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 |