## VR-880X/VR-881X



## **Driver Rehabilitation Services**

| □ 880X- Adaptive Driver Training- Low Tech- Car or Van                    |         |                       |       |  |   |  |  |
|---|---------|-----------------------|-------|--|---|--|--|
| ☐ 881X- Adaptive Driver Training- High Tech- Car or Van                   |         |                       |       |  |   |  |  |
| AV#: (7 digits) ACCES-VR ID#: (6 digits) CAMS ID #: (10 digits)           |         |                       |       |  |   |  |  |
| VR District Office:   | Prov    | /ider:                |       |  |   |  |  |
| VRC Name:   |         | NYS Fiscal System ID: |       |  |   |  |  |
|   | Rep     | Report Date:          |       |  |   |  |  |
|   |         |                       |       |  |   |  |  |
| Participant First Name:   | Partici | oant Last             | Name: |  |   |  |  |
| Participant Phone Number:   |         |                       |       |  |   |  |  |
| Participant Email Address:  |         |                       |       |  |   |  |  |
|   |         |                       |       |  |   |  |  |
| Number of Units Provided This Month:                                      |         |                       |       |  |   |  |  |
| Number of Units Provided to Date:   |         |                       |       |  |   |  |  |
| Number of Travel Units This Month:  |         |                       |       |  |   |  |  |
| Number of Travel Units to Date:   |         |                       |       |  |   |  |  |
|   |         |                       |       |  |   |  |  |
| Adaptive Equipment:   |         |                       |       |  |   |  |  |
| Does training vehicle have appropriate equipment to match driver's needs? | ] Yes   | S 🗆                   | No    |  |   |  |  |
| Did the participant arrive on time?  If No, please describe:              | ] Yes   | S 🗆                   | No    |  |   |  |  |
|   |         |                       |       |  | _ |  |  |

Competency Achievement Competency Key: A-Achieved DA-Did Not Achieve PA-Partially Achieved NT-Not Tested

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|---|---|---|---|--|---|
| Dates of Service                        |   |   |   |  |   |
| Number of Service Units provided        |   |   |   |  |   |
| Number of Travel Units provided         |   |   |   |  |   |
| Traffic Environment (X=Lesson location) |   |   |   |  |   |
| Residential                             |   |   |   |  |   |
| City                                    |   |   |   |  |   |
| Highway (30–55 mph)                     |   |   |   |  |   |
| Expressway (55-65 mph)                  |   |   |   |  |   |
| Comments:                               |   |   | • |  |   |
|   |   |   |   |  |   |
| Vehicle Control                         |   |   |   |  |   |
| Enter/Exit Traffic                      |   |   |   |  |   |
| Acceleration                            |   |   |   |  |   |
| Braking                                 |   |   |   |  |   |
| Stop Positions                          |   |   |   |  |   |
| Right Turns                             |   |   |   |  |   |
| Left Turns                              |   |   |   |  |   |
| Lane Positioning                        |   |   |   |  |   |
| Lane Changes                            |   |   |   |  |   |
| Speed Adjustments                       |   |   |   |  |   |
| Scanning                                |   |   |   |  |   |
| Intersections                           |   |   |   |  |   |
| Comments:                               |   | • |   |  |   |
|   |   |   |   |  |   |
| Maneuvers                               |   |   |   |  |   |
| Parallel park                           |   |   |   |  |   |
| K-turn                                  |   |   |   |  |   |
| Pulling to curb                         |   |   |   |  |   |
| Applies rules of road & defensive       |   |   |   |  |   |
| strategies                              |   |   |   |  |   |
| Maintains Attention/Avoids Distractions |   |   |   |  |   |
| Maintains behavior emotional control    |   |   |   |  |   |
| Comments:                               |   |   |   |  |   |
|   |   |   | • |  |   |
| Applies Compensatory Strategies         |   |   |   |  |   |
| Specify:                                |   |   |   |  |   |
| Specify:                                |   |   |   |  |   |
|   |   | 1 | 1 | <del>,                                      </del> | 1 |
| Chapter Test Completion - Enter         |   |   |   |  |   |
| Chapter #                               |   |   |   |  |   |
| Enter Test Score                        |   |   |   |  |   |
| Road Test Completed-if applicable       |   |   |   |  |   |
| Equipment Assessment Completed-         |   |   |   |  |   |
| if applicable                           |   |   |   |  |   |

2

## VR-880X/VR-881X

| Comments/Concerns:        |                        |                          |  |  |  |
|---------------------------|------------------------|--------------------------|--|--|--|
|                           |                        |                          |  |  |  |
| Discussed with and agreed | I to by ACCES-VR VRC o | n the date listed below: |  |  |  |
| ☐ Yes ☐ No                |                        |                          |  |  |  |
|                           | Date                   |                          |  |  |  |
| Completed By:             |                        |                          |  |  |  |
| Qualified Evaluator       |                        | Date                     |  |  |  |
| Signature                 |                        |                          |  |  |  |
| Printed Name              |                        | Title                    |  |  |  |
| Phone Number:             |                        | Email:                   |  |  |  |