

**Driver Rehabilitation Services**

**Adaptive Driver Evaluation**

Check Appropriate Box:

133X - Adaptive Driver Evaluation Low Tech

134X - Adaptive Driver Evaluation High Tech

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| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID |

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| VR District Office: Click arrow to select office. | Vendor: Click to enter Vendor Name |
| VRC Name: Click to enter. | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

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

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| **Driver Evaluation Hours & Dates** |
| **Hours Completed for this Report:** Click here to enter hours. |
| **Hours Utilized to Date:** Click here to enter hours. |
| **Total Hours Authorized:** Click here to enter hours. |
| **Evaluation Dates:** Click here to enter evaluation dates. |

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| **Driver Status** | | |
| **Driver License** | Number: Enter license number. | State: : Enter license state. |
| Expiration Date: enter exp. date. | Class: License class. |
| Restrictions: License restrictions. | |
| **Learner’s Permit** | **Non-Driver ID** | |
| **Relevant Driving History:** Please include a summary of driving history (if applicable). | | |

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| **Adaptive Equipment** | | | |
| **Low Tech – 133X** | | **High Tech – 134X** | |
|  | Raised tops and/or doors |  | Remote steering packages |
|  | Mechanical hand controls and steering devices |  | Lowered floor conversions |
|  | Six-way power transfer seats |  | Foot Steering |
|  | Car top carriers |  | Low-effort conversions |
|  | Wheelchair lifters/loader |  | Horizontal Steering |
|  | Other |  | Braking and throttle servo controls |
|  |  |  | Other |
| If other is checked above, describe: description of other adaptive equipment. | | | |

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| **Adaptive Driver Evaluation Report Content**  (Submission of a Driver Evaluation Report is Required with this report) | |
| Indicate that all required components below are covered in the 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, Range of Motion -** pertaining to the functional skills necessary to safely operate a motor  **and/or Wheelchair Seating**  vehicle. |
|  | **Knowledge & 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(s) 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** | | |
| **Please summarize the recommendations from the adaptive driver evaluation:**    Click here to enter driver evaluation summary of recommendations. | | |
| **Was a conference with the customer and VRC offered?** | Yes | No |
| If not, please explain: Click or tap here to enter text. | | |

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| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |