

**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. |