



Driver Rehabilitation Services Adaptive Driver Evaluation

Check Appropriate Box:

- 133X - Adaptive Driver Evaluation Low Tech**
- 134X - Adaptive Driver Evaluation High Tech**

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Driver Evaluation Hours & Dates
Hours Completed for this Report:
Hours Utilized to Date:
Total Hours Authorized:
Evaluation Dates:

Driver Status		
<input type="checkbox"/> Driver License	Number:	State: :
	Expiration Date:	Class:
	Restrictions:	
<input type="checkbox"/> Learner's Permit <input type="checkbox"/> Non-Driver ID		

VR-133X / VR-134X

Relevant Driving History:

Adaptive Equipment	
Low Tech – 133X	High Tech – 134X
<input type="checkbox"/> Raised tops and/or doors <input type="checkbox"/> Mechanical hand controls and steering devices <input type="checkbox"/> Six-way power transfer seats <input type="checkbox"/> Car top carriers <input type="checkbox"/> Wheelchair lifters/loader <input type="checkbox"/> Other	<input type="checkbox"/> Remote steering packages <input type="checkbox"/> Lowered floor conversions <input type="checkbox"/> Foot Steering <input type="checkbox"/> Low-effort conversions <input type="checkbox"/> Horizontal Steering <input type="checkbox"/> Braking and throttle servo controls <input type="checkbox"/> Other
<p>If other is checked above, describe:</p>	

Adaptive Driver Evaluation Report Content
(Submission of a Driver Evaluation Report is Required with this report)
<p>Indicate that all required components below are covered in the Adaptive Driver Evaluation Report:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Status History - diagnosis, past medical history, medications, loss of consciousness functional deficits <input type="checkbox"/> Vision and Hearing - distance acuity, visual field, night vision, color discrimination, scanning, conversational speech, hearing aids <input type="checkbox"/> Cognition and Learning - attention/concentration, auditory memory, visual memory, sequencing, behavior, judgment, multiple task processing; <input type="checkbox"/> Strength, Range of Motion and/or Wheelchair Seating - pertaining to the functional skills necessary to safely operate a motor vehicle. <input type="checkbox"/> Knowledge & Driving Performance - traffic sign and road marking, general traffic rules, pre-driving, traffic environments (controlled, residential, multi-lane, urban, expressway); <input type="checkbox"/> Summary of Clinical and Driving Evaluation - adaptive driving aids used (if applicable), findings/recommendation from the vehicle consultant. <input type="checkbox"/> Type of vehicle(s) - that will accommodate the adaptive equipment or modification(s) recommended <input type="checkbox"/> If the individual cannot drive a vehicle, the report should include information on what the

VR-133X / VR-134X

needs are for the person to be safely transported in a private motor vehicle

Summary of Recommendations

Please summarize the recommendations from the adaptive driver evaluation:

Was a conference with the customer and VRC offered?

Yes

No

If not, please explain:

Completed By:

Printed Name

Title

Phone:

Email: