

**Driver Rehabilitation Services**

Check Appropriate Box:

 [ ]  880X - Adaptive Driver Training - Low Tech - Car or Van

 [ ]  881X - Adaptive Driver Training - High Tech - Car or Van

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

|  |  |
| --- | --- |
| 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. |

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

|  |
| --- |
| **Driver Training Hours & Dates** |
|  **Hours Completed for this Report:** Click here to enter hours. |
|  **Hours Utilized to Date:** Click here to enter hours. |
|  **Travel Hours Used this Month:** Click here to enter hours. |
|  **Total Travel Hours Billed to Date:** Click here to enter hours. |
|  **Driver Training Dates:** Click here to enter evaluation dates. |
|  **Does the training vehicle have the appropriate** **equipment to match driver’s needs?** |  [ ]  Yes |  [ ]  No |
|  **Is any Adaptive Equipment being evaluated** |  [ ]  Yes |  [ ]  No |
|  If Yes, briefly describe what equipment is being evaluated:  Discuss adaptive equipment being evaluated. |

|  |
| --- |
|  **Has the customer arrived on time for driver training?** |
| [ ]  Yes |  [ ]  No |
|  **If not, please explain:** Discuss attendance and/or punctuality concerns. |

|  |
| --- |
| **Driver Competencies** |
| **Traffic Environment** | **Achieved** | **Partially Achieved** | **Not Achieved** | **Not Evaluated** |
| Residential |[ ] [ ] [ ] [ ]
| City |[ ] [ ] [ ] [ ]
| Highway (30-55 mph) |[ ] [ ] [ ] [ ]
| Expressway(55-65 mph) |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Vehicle Control** | **Achieved** | **Partially Achieved** | **Not Achieved** | **Not Evaluated** |
|  Enter / Exit Traffic |[ ] [ ] [ ] [ ]
|  Acceleration |[ ] [ ] [ ] [ ]
|  Braking |[ ] [ ] [ ] [ ]
|  Stop Positions |[ ] [ ] [ ] [ ]
|  Right Turns |[ ] [ ] [ ] [ ]
|  Left Turns |[ ] [ ] [ ] [ ]
|  Lane Positioning |[ ] [ ] [ ] [ ]
|  Lane Changes |[ ] [ ] [ ] [ ]
|  Speed Adjustment |[ ] [ ] [ ] [ ]
|  Scanning |[ ] [ ] [ ] [ ]
|  Intersections |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Vehicle**  **Maneuvers** | **Achieved** | **Partially Achieved** | **Not Achieved** | **Not Evaluated** |
|  Parallel Parking |[ ] [ ] [ ] [ ]
|  Three Point Turn |[ ] [ ] [ ] [ ]
|  Pulling to Curb |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driver****Comprehension****and Behavior** | **Achieved** | **Partially Achieved** | **Not Achieved** | **Not Evaluated** |
|  Understands Rules of the Road |[ ] [ ] [ ] [ ]
| Maintains Attention Avoids Distractions |[ ] [ ] [ ] [ ]
|  Applies Defensive Driving Strategies |[ ] [ ] [ ] [ ]
|  Displays Appropriate Behavior &  Emotional Control |[ ] [ ] [ ] [ ]

|  |
| --- |
|  **Comments Regarding Driver Competencies, Progress and Recommendations:** Please include a summary of driving skills and progress |
|  **Did a discussion with the customer and VRC** **occur?**  | [ ] Yes | [ ] No |
|  **This report was discussed with and agreed to by the VRC on:** Click to enter a date. |

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