

**Driver Rehabilitation Services**

Check Appropriate Box:

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

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

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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 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. | | |

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

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

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| **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 |  |  |  |  |

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

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| **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 |  |  |  |  |

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| **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. | | |

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