



## 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 #	
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 Training Hours & Dates	
<b>Hours Completed for this Report:</b>	
<b>Hours Utilized to Date:</b>	
<b>Travel Hours Used this Month:</b>	
<b>Total Travel Hours Billed to Date:</b>	
<b>Driver Training Dates:</b>	
<p><b>Does the training vehicle have the appropriate equipment to match driver's needs?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>Is any Adaptive Equipment being evaluated</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If Yes, briefly describe what equipment is being evaluated:</p>	

**VR-880X / VR-881X**

**Has the customer arrived on time for driver training?**

Yes  No

**If not, please explain:**

<b>Driver Competencies</b>				
<b>Traffic Environment</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>Not Evaluated</b>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway (30-55 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressway (55-65 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Vehicle Control</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>Not Evaluated</b>
Enter / Exit Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lane Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lane Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intersections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Vehicle Maneuvers</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>Not Evaluated</b>
Parallel Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three Point Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling to Curb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Driver Comprehension and Behavior</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>Not Evaluated</b>
Understands Rules of the Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Attention Avoids Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies Defensive Driving Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Appropriate Behavior & Emotional Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments Regarding Driver Competencies, Progress and Recommendations:**

**Did a discussion with the customer and VRC occur?**

Yes

No

**This report was discussed with and agreed to by the VRC on:**

**VR-880X / VR-881X**

**Completed By:**

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Printed Name

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Title

Phone:

Email: