

Purpose of Evaluation

- Determine the potential for an individual with a disability to drive a motor vehicle
- Assess the client’s capabilities to produce the control motion necessary for appropriate operation of a motor vehicle
- To provide a recommendation for the proper adaptive devices that will allow the individual to operate a motor vehicle appropriately within the highway transportation system.
- To provide recommendations for further diagnostic and rehabilitation measures as required to improve driving potential

QUALIFICATIONS TO PERFORM DRIVING EVALUATIONS

- Two years minimum experience providing Driver’s evaluation for individuals with disabilities
- Must be familiar with commercially available driving equipment, brands, vendors, etc. consistent and appropriate to each level of service
- The Individual must be capable of conducting, interpreting and recommending additional clinical assessments as deemed necessary. This will include a minimum of 1 year experience, but is not limited to the following:
 - ⇒ Review and consider any contraindications to driving
 - ⇒ Assessment of physical function including range of motion, muscle strength, motor control, head and trunk stability and physical endurance
 - ⇒ Visual screening to include assessment of visual acuity, phoria, stereopsis, peripheral vision, sign recognition, color discrimination and eye tracking
 - ⇒ Visual perceptual screening to include figure ground, depth perception and spatial relations
 - ⇒ Assessment of mental and cognitive abilities involved in driving
 - ⇒ Assessment of judgment skills to include safety awareness and proper decision making in driving
 - ⇒ Assessment of the ability to communicate with other drivers and environment
 - ⇒ Assessment of the need for further remedial therapy to improve the individuals driving capability and reduce the adaptive equipment needs. Persons conducting clinical evaluations should have a minimum of 1 year full time experience in the evaluation and treatment of adults with cognitive and physical impairments

BASIC	INTERMEDIATE	ADVANCED
A minimum of 1 year full time experience in the assessment of persons for the following equipment: Mechanical Hand Controls Left Foot Accelerator Mechanical Steering knobs Mechanical Secondary controls Training Brake Pedal Extensions Exterior Scooter/Wheelchair lifts	A minimum of 1 year full time experience in the assessment of persons for Basic equipment and the following equipment: Power seat bases Servo Primary Controls Raised Roofs and Doors Fully automatic or semi-automatic lifts Wheelchair and Scooter Tie-Down Systems Must be able to provide evaluation and/or training in transfers techniques	A minimum of 2 years full time experience in the assessment of persons for Basic, Intermediate and the following: Multi-axis steering system Joystick Must have capability to assess on the-road of high level equipment



**REHABILITATION ENGINEERING AND TECHNOLOGY PROGRAM
DRIVER EVALUTOR APPLICATION**
For Florida Vocational Rehabilitation



FEDERAL TAX I.D. OR S.S. NUMBER:	
APPLICANT'S NAME:	
BUSINESS NAME:	
ADDRESS:	
FAX:	TELEPHONE:

Counties of Interest: _____

Hours of operation: _____

1. Provide the following information on licensing, certification, insurance, and Professional membership:

Certification Number:	Date:
Date of Issuance:	Expires:
Issuing Authority	

<i>Driver's License Number:</i>
<i>Business License Number:</i>

Other licenses or certifications: _____

Liability Insurance:	Business Insurance:
Coverage Amount:	Coverage Amount:
Company:	Company:
Expiration Date:	Expiration Date:

List current memberships in any professional associations: _____

1. Describe in detail the experience you have providing driver's evaluation and training for people with disabilities. (*Attach any supporting documentation available*)

2. Describe the clinical assessments necessary for driving you would be able to provide and if you have an occupational therapist or physical therapist on staff to assist in evaluating physical/cognitive limitations that may be needed?

3. Complete the following table describing years of experience with the specified equipment

EQUIPMENT	YEARS OF EXPERIENCE	ON THE ROAD ASSESSMENT?		KNOWLEDGE OF DEALERS	
Mechanical hand controls		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Left foot accelerator		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pedal extensions		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scooter/wheelchair lifts		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Servo primary controls		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Wheelchair and scooter tie down systems		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Joystick/Multi-Access systems		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

4. Description of equipment available to conduct evaluations:

Signature _____ Date _____

Enclose with returned application:

- Copy of insurance coverage**
- Copy of driver's licenses**
- Copy of business licenses**
- Brief summary of experience in providing evaluations**