

Maryland State Department of Education
Division of Rehabilitation Services
Driving Assessment Determination & Justification

Use this form to determine which type of driving assessment is needed and the justification for the assessment. Fill it out face to face with the consumer so the Counselor may observe how the consumer walks, sits, and moves their arms, hands, legs and feet. Focus should be on any observed physical issues such as: strength, coordination, tremors, range of motion, balance, vision, etc., that could present difficulties operating the gas/brake and steering as well as secondary controls.

Date: _____ Consumer PID #: _____
Consumer Name: _____
Consumer's Disability: _____
DORS Counselor: _____

Is consumer: Currently a student? ☐ Yes ☐ No Currently employed? ☐ Yes ☐ No
If in school and/or employed, give details:

Consumer's Stated Employment Goal:

Describe consumer's reason for driving:

Form of transportation consumer currently uses:

Transportation available in the consumer's local area:

Feasibility of using local/public/mobility/taxi access/family:

Valid Learner's Permit: ☐ Yes ☐ No (if yes, make copy of front and back and attach in AWARE™)
Valid Driver's License: ☐ Yes ☐ No (if yes, make copy of front and back and attach in AWARE™)

Does consumer have:

1. Physical/medical issues that affect the strength, range of motion, sensation and/or coordination of their feet, legs, hands and/or arms? ☐ Yes ☐ No
2. Any amputations? ☐ Yes ☐ No
3. Any vision issues other than the need for corrective lenses? ☐ Yes ☐ No

If you checked **YES** to any of the 3 questions above, please provide details:

STOP!

- If you checked **NO** to **all** of the 3 questions above, proceed with a **Vendor or WTC Service Authorization for Non-Adapted Driving Assessment** (no administrative approval required).
- If you checked **YES** to **any** of the 3 questions above, **complete the remainder of this form** to determine which type of **Adapted Driving Assessment** is necessary.

Has the consumer driven with modifications before? ☐ Yes ☐ No **If so, list modifications used:**

Has DORS assisted in purchasing vehicle modifications for the consumer within the last 10 years?

☐ Yes ☐ No

If yes, how many years since the modification services/purchases? _____

If yes, explain the reason for requesting assistance prior to the 10-year requirement:

Does consumer use any of the following?

☐ Walker or crutches/cane ☐ Manual Wheelchair ☐ Manual Wheelchair with Power Assist
☐ Power Wheelchair ☐ Scooter

If you checked any of the boxes above, please describe the mobility device(s):

How old is the wheelchair/scooter? _____ When are they due for a new one? _____

Able to transfer from wheelchair to a vehicle seat independently? ☐ Yes ☐ No ☐ N/A

Able to disassemble and stow wheelchair in a car safely and independently? ☐ Yes ☐ No ☐ N/A

Will the consumer be: ☐ Primary Driver ☐ Passenger Only

What Assessment Type Is Necessary?

(**Note:** Regardless of the level of experience driving an adapted vehicle, an Adapted Driving Assessment is **required** if consumer has not completed one within the past 12 months.)

☐ Behind-the-Wheel Adapted Driving Assessment – Car

Consumer has a physical disability which affects their vision and/or use of their arms/hands and/or legs/feet and can enter the driver's seat of a car independently. If the consumer uses a manual wheelchair, they must be able to independently transfer into a car and stow their own wheelchair. (Administrative Approval required.)

(**Note:** Low vision evaluations can only be referred to Rehabilitation of Frederick or Good Samaritan Hospital's driving programs.)

☐ Behind-the-Wheel Adapted Driving Assessment – Van

Consumer cannot transfer independently to a car and/or cannot safely and independently stow their manual wheelchair in a sedan or uses a power wheelchair or scooter. (Administrative Approval required.)

☐ Passenger-Only Assessment

Consumer will **NOT** drive but will be transported by another private party in consumer's vehicle. (Administrative Approval required.)

Driving Rehabilitation Program Requested:

☐ WTC ☐ Brant's Driving School ☐ Rehabilitation of Frederick
☐ Other: _____

Next Steps:

- If Adapted Driving Services are needed, draft a WTC Service Authorization for **WTC RTS Support – Pre-Adapted Driving Consult**.
- RTS will schedule a meeting with the DORS Counselor, the consumer, and RTS staff to review the driving rehabilitation and vehicle modification process, and to ensure the consumer has the time and financial abilities to proceed through the process.