Transportation Assessment

Individual's Name:_____

	Yes	No	Comments
Does the individual have access to transportation? Please specify.	☐	☐	
Is able to drive?	☐	☐	
Has one of the following: Driver's license Learner's permit Expiration date:	☐	☐	
Has restrictions on license? Please specify.	☐	☐	
Reports barriers in obtaining license or permit? Please specify.	☐	☐	
Reports driving/safety concerns? Please specify.	☐	☐	
Needs evaluation of potential for driving?	☐	☐	
Needs to attend driver's training program?	☐	☐	
Currently owns a vehicle? List the year/make/model.	☐	☐	
Has adaptive equipment for vehicle? Please specify.	☐	☐	
Will need adaptive equipment for vehicle?	☐	☐	
Will use vehicle as: Driver Passenger	☐	☐	
Has had someone evaluate vehicle to identify appropriate equipment? List date of evaluation and the person who conducted it.	☐	☐	
Uses mobility device? Please specify.	☐	☐	
Can transfer into vehichle and load mobility device independently?	☐	☐	
Can independently get in/out of any vehichle as a passenger?	☐	☐	
Independently utilizes public transportation? **Not available in area**	☐	☐	
Has adequate acommodations for mobility aid when using public transportation?	☐	☐	
Independently arranges transportation? (Explain in "Comments")	☐	☐	
Other:	☐	☐	

Medical/disability restrictions that would affect this individual's ability to drive or be transported as a passenger:

Potential Transportation Adaptations/Recommendations:

Evaluations:

Mobility aid replacement:

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Driving potential:

Vehicle:

Other:

Training:

Help learning to use public transportation:

Help getting learner's permit to drive:

Driver's Training:

Other:

Equipment:

Adaptive Hand Controls:

Adaptive Foot Controls:

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Car Top or Bumper Carrier for Mobility Device:

Scooter/Wheelchair Trunk Lift:

Van Modifications:

Other:

EC Name: _____ Date: _____