|  |
| --- |
| As powered wheeled mobility aids (scooters/wheelchairs) are used in community settings and public thoroughfares, safe usage is important. The application process for requesting a powered mobility aid through the Disability Equipment Program (TEP) requires the completion of this Driving Assessment to ensure that there are no issues that will affect the client’s ability to use the aid safely. |
| **Client Details** | **Client ID:** |       |
| Given Names: |       | Surname: |       |
| Date of Birth: |       | Phone: |       |
| Equipment Required/Used: |       |

|  |
| --- |
| **Part 1 Initial Assessment – Prior to Trial/Issue (Client must pass all areas before continuing)** |
| **Assessor Details** |
| Name:      | Phone:      |
| **Skill** | **Yes** | **No** | **Comments** |
| a. | Able to turn on/off |  |  |       |
| b. | Able to adjust speed |  |  |       |
| c. | Aware of appropriate use of speed |  |  |       |
| d. | Able to move forward 5 metres in straight line |  |  |       |
| e. | Able to drive in a figure “8” |  |  |       |
| f. | Able to stop at controlled speed |  |  |       |
| g. | Able to stop quickly |  |  |       |
| h. | Able to reverse 2 metres safely |  |  |       |
| i. | Able to manoeuvre through doorway safely |  |  |       |
| j. | Turns off to transfer |  |  |       |
| k. | Avoids obstacles |  |  |       |
| l. | Aware of safety and basic care of equipment (pamphlets provided) |  |  |       |

|  |
| --- |
| PART 2 Home Assessment – At least one week after Initial Assessment |
| **Assessor Details** |
| Name: |       | Date: |       |
| **Skill** | **Yes** | **No** | **Comments** |
| a. | Has suitable storage area for equipment |  |  |       |
| b. | Safely transfers in/out of equipment (ie. turns off, moves footplates away) |  |  |       |
| c. | Able to manoeuvre through front and/or rear door |  |  |       |
| d. | Able to operate doors: * swing type
* sliding
 |  |  |       |
| e. | Able to safely manoeuvre through all required inside areas  |  |  |       |
| f. | Avoids stationary objects |  |  |       |
| g. | Uses appropriate speed indoors |  |  |       |
| h. | Able to demonstrate 3 point turn |  |  |       |
| i. | Checks behind before reversing |  |  |       |
| j. | Other |  |  |       |

|  |  |
| --- | --- |
| PART 3 Community Assessment – On Location at: |       |
| **Assessor Details** |
| Name:      | Date:      |
| **Skill** | **Yes** | **No** | **Comments** |
| a. | Demonstrates awareness of road safety |  |  |       |
| b. | Able to cross road safely* with traffic lights
* without traffic lights
 |  |  |       |
| c. | Uses appropriate speeds, ie slows down in busy areas |  |  |       |
| d. | Checks periphery before moving |  |  |       |
| e. | Gives way to other pedestrians |  |  |       |
| f. | Avoids stationary and moving objects |  |  |       |
| g. | Avoids unexpected obstacles |  |  |       |
| h. | Demonstrates safe visual-spatial judgement |  |  |       |
| i. | Able to negotiate slopes/ramps |  |  |       |
| j. | Not readily distracted |  |  |       |
| k. | Able to negotiate rough ground |  |  |       |
| l. | Other |  |  |       |

|  |  |
| --- | --- |
| **PGC/SharePoint ID:** HEALTHINTRA-1880-9467 | **PGC/Content Manager ID:** EDOC |
| **Version Number:** | Version: 11.0 |  | **Approved Date:** 17/02/2021 | **Review Date:** 01/02/2024 |