Travel Training Initial Setup

Assessment & Questionnaire Form

Date:_____ Referred By:_____

Name:_____ DOB:_____

Address:_____ Phone:_____

BACKGROUND

Have you ridden the bus before? Yes No

If yes, with whom, where, how often, etc.

_____

_____

If no, what are your reasons or concerns:

- ◯ Getting lost
- ◯ Falling
- ◯ Using lift
- ◯ Crowds
- ◯ Inconvenient
- ◯ No money
- ◯ Fear
- ◯ Didn't feel able
- ◯ Forgetting route
- ◯ Being injured
- ◯ Being stranded
- ◯ Was able to drive
- ◯ Anxiety
- ◯ Strength/Endurance
- ◯ Not being able to communicate
- ◯ Stigmatized because of disability
- ◯ Parent/Guardian/Family object
- ◯ Had other transportation
- ◯ Don't live near stop
- ◯ New to community

MOBILITY

Do you use a mobility or other aid? Yes No

- ◯ Crutches
- ◯ Cane
- ◯ Walker
- ◯ Wheelchair (Electric/Manual/Oversized)
- ◯ Oxygen tank
- ◯ Scooter
- ◯ Service Animal
- ◯ Needs assistance

CONSIDERATIONS

Please check all disabilities that apply:

- ◯ Mobility
- ◯ Speech
- ◯ Vision
- ◯ Cognitive
- ◯ Fear
- ◯ Hearing
- ◯ Mental Health
- ◯ Incontinence (Bladder)
- ◯ Personal Safety

Are you taking any medication that could affect your ability to travel? Yes No

Do your conditions change from day to day? Yes No

ACCESSIBILITY

Do you live in a: ◯ Assisted living facility ◯ Residential facility ◯ Group home ◯ Your own home

Does facility have: ◯ Parking lot ◯ Long driveway ◯ One entrance/exit ◯ Multiple levels ◯ Ramp into building ◯ Steps into building

Can you reasonably get to these locations with or without the assistance of a mobility aid:

◯ Down steps ◯ Out to the parking lot ◯ To the curb ◯ 1 block away ◯ 2 blocks away ◯ 3 or more blocks

Any physical barriers or landmarks in the immediate vicinity of your residence:

◯ Hills ◯ Railroad tracks ◯ Busy streets ◯ Bridges ◯ Curbs/No sidewalks

LOCATIONS

Passenger wishes to travel to these destinations: _____

_____

_____

TRAVEL TRAINING SCHEDULE

Days of the week you travel: M T W TH F S

Date(s) of scheduled initial Travel Training:_____

COMMENTS

_____

_____

_____

Please deliver or send to: Shoreline Metro
Attn: Derek Muench
608 S Commerce Street
Sheboygan, WI 53081

Updated June 18, 2012