



# Direct Support Professional

## In-Home Orientation Checklist for Shadow Shifts

### Driving Test

Learner's Name: Anna Griffin

- Verify Learner has a valid driver's license with them.
- Have the Learner perform a Weekly Vehicle Inspection.
- Take the Learner on a Driver's Test.
- Have the Learner walk around the vehicle to check for obstructions and damage.
- Remove orange cone after "all clear" inspection and place cone in storage area of vehicle.
- Once inside the vehicle:
  - Seatbelt Usage - Ensure all occupants of the vehicle always wear a seatbelt.
  - Adjust Driver's Seat - Position the seat and steering wheel so that you are comfortable and have access to gear shifter, brake pedal, and accelerator.
  - Adjust Mirrors - Gently maneuver the rear-view mirror so that you can see directly out of the middle of your back windshield without moving your head. To properly adjust the driver's side mirror, place your head against the left side window and set the mirror so you can just barely see the side of the car in the mirror's right side. To adjust the passenger's side-view mirror, position your head so that it is just above the center console. Set the mirror so you can just barely see the side of the car in the left side of the mirror.
- Have the Learner start the vehicle and drive to a pre-determined location. The route should be a minimum of two miles away and have several left- & right-hand turns.
- Park the vehicle. Exit vehicle. Place Orange Cone.
- Provide feedback.
- Learner drives back to residential home.
- Park the vehicle. Exit Vehicle. Place Orange Cones.
- Provide feedback.

# Feedback

Does the Learner know what to do if there is damage to the vehicle during the inspection?

Yes  No

Does the Learner know what to do if there is an accident with the company vehicle?

Yes  No

Does the Learner understand how and when to get a vehicle serviced?

Yes  No

Did the Learner adjust mirrors properly?

Yes  No

Did the Learner ensure the Trainer had their seatbelt fastened prior to putting the vehicle into motion?

Yes  No

Did the Learner use turn signals at every turn?

Yes  No

Did the Learner actively use vehicle mirrors?

Yes  No

Did the Learner come to a complete stop at all stop signs?

Yes  No

Did the Learner drive according to the posted speed limit?

Yes  No

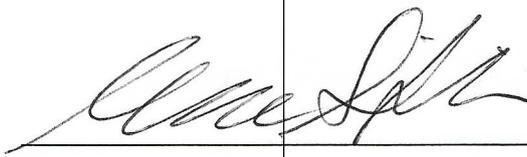
Date of Driver's Test: 1-25-22

Does the Learner need additional training?

Yes  No

Date of Second Driver's Test: \_\_\_\_\_

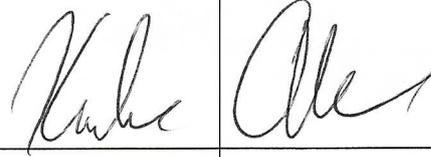
### Acknowledgement of Driver's Test Completion



1/25/22

Learner

Date



1-25-22

Home Manager

Date