

LOUISIANA TECH UNIVERSITY
CENTER FOR REHABILITATION ENGINEERING,
SCIENCE & TECHNOLOGY

711 S. Vienna
RUSTON, LA 71270
Phone (318) 257-4562 or (800) 310-4251

Driver Pre-Assessment Form

Name _____ Date of Birth _____

Referring Counselor _____

Have you ever had seizures or periods of blackout? Yes _____ No _____

If yes, please indicate the last occurrence. _____

Do you currently have a valid driver license or permit? Yes _____ No _____

If yes, please provide the information below.

License/permit number _____

State from which license was issued _____

Expiration date _____

Restrictions _____

If you don't have a license/permit please explain _____

**NOTE: YOU MUST ATTACH A COPY OF YOUR DRIVER LICENSE OR LEARNER PERMIT TO BE
CONSIDERED FOR OUR DRIVER ASSESSMENT AND EDUCATION SERVICES!**

Have you ever had your driver license suspended or revoked for any reason? Yes _____ No _____

If yes, please explain details in the space provided below.

Have you had any driver education? Yes _____ No _____

If yes, please indicate the type of education or training received in the space provided below.

Have you been involved in any motor vehicle accidents? Yes _____ No _____

If yes, please describe in the space provided below.

Have you had any traffic violations? Yes_____ No_____

If yes, please describe in the space provided below.

Please list any questions or concerns you have about our program. _____
