**Accommodations for Students with Special Needs in Driver Education**

Through a well-planned, individualized program, students with special needs can become safe, responsible drivers. The driver education program offers an opportunity for independent mobility that enhances the student’s potential for employment and economic independence.

Driver education is a course that most students look forward to with eager anticipation. Students with special needs are eligible for driver education (P.L.94-142 and Section 504 of P.L.93-112, The Rehabilitation Act of 1973) if they meet the qualifications for a driver’s license established by the Department of Motor Vehicles.

Public Law 94-142 requires that a free appropriate public education be provided in the least restrictive environment for students with special needs who have not reached 22 years of age. While a student may not need the driver education experience in order to meet graduation requirements, if specified in the Individualized Education Plan (IEP), the student should be afforded the educational opportunity to increase traffic safety knowledge to enhance personal safety as a transportation system user.

Some students with special needs may benefit from being mainstreamed into regularly scheduled driver education classes. For others, learning may be optimized through a team approach. If instruction is delivered in this manner, student assessment should be determined jointly by both teachers as outlined in the student’s Individualized Education Plan (IEP). See the section entitled “Modifications for Students with Special Needs” for more information.

Team members may include:

* Special education and driver education teachers;
* Parent(s) or guardian(s);
* Student;
* Therapist (occupational, physical, speech);
* Physicians;
* Equipment vendors;
* Department of Motor Vehicles and the Department of Rehabilitative Services personnel;
* National organizations’ staff, such as March of Dimes, Easter Seal and Muscular Dystrophy Association.

Specially equipped vehicles and individualized instructional methods may be necessary for some physically disabled students to facilitate successful completion of the in-car phase of the program. These students may also require additional periods of instruction beyond the minimum 14 period in-car requirement (7 driving and 7 observing).

It is recommended that school divisions formulate detailed plans for the student’s IEP well in advance of actual enrollment in the driver education program. Physically challenged students will need a pre-driving assessment to determine whether they can perform the driving task, and to identify whether they need any vehicle modifications.

Students with a mental or physical condition that may impair their ability to safely operate a motor vehicle, even temporarily, must provide Department of Motor Vehicles (DMV) with a medical statement from a doctor. Some of these conditions include loss of consciousness, vision changes, impairment of judgment, or loss of motor function. DMV will evaluate the medical information to determine if a driver's license may be issued or should be restricted. The medical report must be completed by the individual and his/her physician before a Virginia driver’s license can be issued. The *Customer Medical Report* forms can be accessed at: <https://www.dmv.virginia.gov/webdoc/pdf/med2.pdf>

DMV’s Medical Advisory Board’s current seizure/black-out policy states that an individual must be seizure or blackout free for at least six months from the date of the last episode. This six-month period allows the individual to establish proper medical control before driving a motor vehicle on public roadways.

Virginia law does not require physicians to report individuals to the DMV. However, Section 46.2-322 does protect the identity of any physician or relative who expresses concern about the individual’s safety to DMV.

In the event the student has serious reading deficiencies, an oral test may be administered by a Department of Motor Vehicle’s examiner in lieu of a computer or written test. Some students who are deaf/hearing impaired have difficulty reading English and will need an interpreter to communicate the test items in sign language if the student has this accommodation on their IEP. To deviate from standard licensing procedure and provide quality customer service, the local DMV branch should be contacted in advance so that they can expeditiously accommodate this need.

There are currently no special licensing requirements, other than a teaching license with an endorsement in driver education or a commercial instructor’s license, to teach driver education to students with special needs. Most licensed, endorsed teachers have received specialized training beyond the minimum driver education certification requirements and are comfortable teaching students with special needs in the classroom setting. However, some in-car instructors have limited experience working with physically challenged students and may be apprehensive about teaching in specially equipped vehicles. In such situations, administrators and parents will need to pursue individualized student instruction through a rehabilitation center or an occupational therapy program with a driver education program.

**The Individualized Education Program (IEP) Team** should include the driver education instructor. Whilethe driver education instructor is responsible for successful acquisition of instructional objectives, the course content may be taught in conjunction with a special education teacher. However, there should be minimal change in curriculum content or performance objectives for any learning experience in driver education (classroom, on-street, multiple-car-range, and driving simulation).

Student success depends upon the instructor’s ability to design instructional strategies that meet the student’s developmental and functional capabilities. An IEP should lead the student to the same performance objectives set for any driver education student.

The driver education instructor, in cooperation with other professionals, is responsible for developing instructional strategies to meet the student’s motor, visual, auditory, communicative, cognitive, and affective domain needs. The design may require special content, methods, and materials.

**SUPPORT SERVICES**

Implementation of a driver education program in public schools for students with special needs requires the support and cooperation of many local, state, and private agencies.

Assistance may be received from the following sources.

* Rehabilitative Services Administration–may provide funds for adaptive equipment and instruction when a student is one of its clients pursuing a vocational or advanced education. Driver education for severely handicapped students can be requested through the Wilson Workforce Rehabilitation Center in Fishersville, Virginia.
* State Medical Facilities–services such as bioengineering, custom design, psychiatric evaluation, neurological evaluation, etc., may be requested through an Interagency Service Agreement.
* Virginia School for the Deaf and the Blind–assistance is available in the design of the classroom environment, curriculum, and laboratory facilities. They will prescribe appropriate adaptive equipment. Driving simulators provide an opportunity for the student with communication disorders to demonstrate an understanding of the driving task while in a protected environment. It can also be used to demonstrate orientation in neurologically impaired students.
* Medical Advisory Board/Department of Motor Vehicles–responsible for approving DI-191 form for medical driver impairment. The parents have the option to appeal DMV decision if licensing is denied.
* Department of Education’s special education staff–provides an interdisciplinary approach for serving the special education student.
* Veterans Administration–assistance may be requested through the driver training program established under P.L.95-535.

**PROGRAM MODIFICATIONS**

**Modifications to Four-Phase Program**

There should be no change in curriculum content or performance objectives for any learning experience in driver education (classroom, on-street, multiple-car-range, driving simulation) for the student with special needs. Modifications are suggested to accommodate special driving needs in the following sections.

**MODIFICATIONS FOR STUDENTS WITH SPECIAL NEEDS**

**Availability/Eligibility**

The driver education program should be made available to all individuals who meet the state requirements for driver’s licensing.

Visually impaired students are eligible for the classroom phase of driver education as users of the highway transportation system. Some visually impaired students may be eligible for in-car driver education with corrective lenses (i.e., bioptic telescopic lens).

**Instructional Periods**

* The recommended course minimum may need to be increased to attain performance objectives.
* Symptoms associated with some disability conditions may be triggered by anxiety. Lessons should be adjusted when necessary.
* An alternative instructional plan should be designed for students who are unable to complete observation requirements.

**Size of Classes and Facilities**

Placement of students with special needs should accommodate the instructional needs of the students. Classroom facilities should comply with the Occupational Health and Safety Administration (OSHA) accessibility standards.

**Teacher Qualifications**

It is recommended that driver education teachers become knowledgeable about characteristics and needs of special populations through workshops or other professional development.

**School, Teacher, and Student Responsibility**

Driver education teachers should be provided with a copy of the student’s Individualized Education Program **(IEP)** to assure consistency in programming.

* The driver education vehicle should be adapted with equipment to accommodate individual functional capability.
* Provision for independent mobility should be available and accessible during on-street instruction in the event of an emergency (e.g., wheelchair, crutches, etc.).
* Parents of driver education students who require prescribed medication that may interfere with the student’s ability to perform the driving task should notify the proper school authorities.

**Vehicle Procurement**

The dealer agreement form should be modified, in cooperation with the dealer providing driver education vehicles, when it is necessary to install adaptive equipment.

**Dual Controls/Restraint Systems/Adaptive Devices**

All driver education vehicles equipped with adaptive devices, restraints, and lifts should use equipment that has been approved by the Veterans Administration or other appropriate agencies. Installation of adapted driving equipment should only be performed by authorized dealers.

**Driver Education Curriculum Materials**

Curriculum materials appropriate for the instructional levels of and the format most accessible to English Language Learners and students with special needs should be provided (to include Braille, large print, text to speech, or digital text).

**Examination for Instructional Permits**

When special testing procedures are required, arrangements should be made in advance at the Department of Motor Vehicles (e.g., oral testing, signing, etc.).

**Budget**

Cost of all adaptive equipment should be included in budgetary estimates (e.g., hand controls and/or other adaptive equipment).

**Assessment**

Each student identified as eligible for services under P.L.94-142 programs is assessed in terms of:

* present level of academic and functional performance (PLOP);
* medical and health problems that may impede optimal learning;
* sociocultural patterns;
* psychological characteristics; and
* developmental functioning in the areas of cognition, motor, social/adaptive perception, and communication skills.

Assessments should be compiled by appropriate professionals. Information gathered from the assessment becomes the basis for the development of an Individualized Education Program (IEP) for the students with special needs. It is recommended that the driver education teacher participate in the development and/or annual review of the IEP. The adapted driver education service is critical to the attainment of independent mobility that may be necessary for job placement for the student. Structuring the driver education program for student success requires an understanding of individual functional capabilities in the previously identified areas. Adapting learning activities to maximize student strengths is the essence of success.

**Service Delivery**

The terms of P.L.94-142 require that a "free appropriate public education" (FAPE) be provided for each eligible student in the least restrictive environment. "Appropriate" addresses the unique needs of the individual. "Least restrictive environment" has variations depending on student needs. Students with special needs should be integrated and mainstreamed when possible. It is the professional responsibility of the driver education instructor, cooperating with the special education staff, to determine the environment that is best meets the student’s needs. In turn, it is the prerogative of the instructor to ask for a reevaluation of any student with special needs who does not demonstrate reasonable progress through the methods prescribed in the Individualized Education Program (Accountability P.L.94-142, Section 12la.349).

**Multi-Disciplinary Approach**

Successful implementation of an Individualized Education Program or Specialized Plan may be enhanced by a team approach. All professionals serving students with special needs have knowledge and insights that may provide guidance to the development of meaningful learning activities for students. A communication network functioning within administrative constraints that includes these professionals is provided through the "Interagency Cooperative Services Agreement" established to facilitate information exchange about eligible students with special needs.

**Team Approach**

The professionals who serve the student with special needs may include:

* Physician
* Therapists - occupational, physical, etc.
* Psychologist
* Speech Pathologist
* Special Educators - Reading, Communication, Adapted Physical Education
* Counselor.

The student’s family and the student are also valuable sources of information. Asking questions about behavior and personal likes and dislikes could provide clues that may be significant when developing instructional strategies.

**Classroom Modification Suggestions**

* Make provisions for students with special needs to be scheduled for additional instructional time.
* Provide activities to build self-confidence.
* Facilitate students to experience some evidence of success in each lesson.
* Adjust instructional methods for shorter attention spans.
* Incorporate audiovisual and visual aids, which may complement the multimodality needs of students with special needs.
* Develop supplemental materials in coordination with the resource teacher.
* Utilize models, mockups, and other training devices (e.g., driving simulators) to reinforce classroom activities.
* Provide a classroom environment that accommodates orthopedically impaired students.
* Special equipment should be available to meet the sensory needs of students (e.g., visually impaired).
* Provide select seating for students with visual and hearing impairments.

**On-Street Suggestions**

* Shorten daily laboratory instruction to accommodate attention span and reduce fatigue.
* Schedule classes daily to assure continuity.
* Supplement directions with hand signals in addition to verbal cues to enhance communication and reduce confusion.

Disabilities may be classified in several ways.

The following outline is a guide to assist the educator/instructor working with special needs students. Basically, impairments are physical, mental, or both.

**General Considerations**

* Help students with transfers, only when necessary; encourage maximum independence getting into, out of, and to and from the vehicle.
* Become familiar with adaptive controls and adaptive devices.
* Allow time for vehicle transfers when scheduling.
* Become familiar with wheelchair components and operation.
* Consider limitations for tasks with bending or lifting movements.

**HEARING IMPAIRED/DEAF**

**Suggested Adaptive Equipment**

* Full range of convex rearview mirrors
* Dual outside mirrors
* Devices for communicating visually with the student (flip cards, text messaging, mirrors that help the student see the interpreter in the back seat, etc.)

**Teaching Strategies**

* Have the other student drive first.
* Establish a communication system that might include sign language, lip reading, or communicating through interpreter.
* Properly position the interpreter behind the instructor.
* Speak at a normal pace when using an interpreter.
* Do not give too many instructions at one time.
* Enhance visual aspects of learning, e.g., provide lighting in area for students during videos or when commentary is provided; provide written script of lessons.

**VISUALLY IMPAIRED**

Special DMV requirements must be met to secure a learner’s permit. Daytime only driving restrictions are generally assigned to visually impaired drivers. Pre-driving assessments by an ophthalmologist are necessary for medical clearance. The student with low vision (visual acuity, 20/200 with correction in one eye) may need bioptic telescopic lenses.

**Teaching Strategies**

* Emphasize visual scanning of the environment;
* Ensure student is using bioptic lens correctly (seek assistance from the special education teacher);
* Instruct student regarding weather conditions that produce low light situations and avoid driving in such conditions.

**ORTHOPEDIC DISABILITIES**

Orthopedic disabilities may include disabilities associated with the inability to move a part of the body because of fatigue, muscle weakness, or some other condition.

**Implications for Driver Education**

* Maintaining balance may require seat or back cushions and/or a chest strap in addition to the safety belt for support.
* Heat and humidity may irritate prosthetic devices.
* Pain associated with the disability may require flexible scheduling.
* Safety belts, perspiration, etc., may irritate skin more easily than normal. Padded straps may be necessary.
* General muscle weakness and fatigue occur frequently.
* Sensations to heat, cold, pain, etc., may be nonexistent; therefore, the instructor must be cognizant of potential problems related to hot seats, temperature control, etc.
* A variety of emotions, including depression, hostility, denial, or helplessness may occur during instruction.

**Examples of Adaptive Devices**

* Left-foot accelerator
* Left- or right-hand controls
* Hand dimmer switch
* Chest strap for balance
* Parking brake extension
* Horn button
* Steering assists
* Additional mirrors
* Pedal extensions
* Right turn signal

**Vehicle Adaptations to consider**

* 4-door model, 60/40 split-seat design
* Automatic transmission
* Steering wheel extension/smaller diameter wheel
* Full power package to include brakes, steering, seats, door locks, and power windows
* 4-door minivan to facilitate ease in wheelchair loading

**Teaching Strategies**

A priority is to attain the proper seating position to ensure trunk stability; and to secure lower extremities to prevent interference with the accelerator, brake, or hand control.

**TRAUMATIC BRAIN INJURY**

Some people who have had traumatic brain injuries may have few or no physical limitations. However, at the other extreme there are those who have had an injury resulting in extensive loss of strength, range of motion, coordination, reaction abilities, and/or balance.

Cognitive skills, such as problem solving, judgment, memory, and attention span may be affected. In addition, perceptual motor skills, such as spatial relationships and reaction time may also be affected.

Furthermore, the ability to recognize road signs, signals, and markings may be impaired. The ability for the student to exercise sound judgment and carry out needed decision-making and problem-solving skills may also be impaired to the point that reaching the goal of becoming a safe driver is unattainable.

The extent of the student’s physical limitation will determine the type of vehicle that is needed, how that vehicle should be modified, and the equipment needed to allow the person to drive independently.

**Symptoms Associated with Brain Damage**

Conditions which may cause lapses of consciousness:

* Epilepsy
* Cerebral palsy
* Other convulsive disorders

Persons with these symptoms cannot drive unless their condition has been medically controlled.

The driving ability of individuals with these symptoms should not be prejudged. Motivation and practice have enabled many of these individuals to learn how to drive successfully.

**Intellectual Symptoms**

Patience is imperative. The appropriate avenues should be pursued to enable students to learn essential skills. The time, care, and concern of the instructor will make a significant difference in this situation.

**Neurosensory Symptoms**

Double vision-confusion in the visual field to include blind spots and poorly established eye dominance. With proper training, some students can learn to compensate for these visual distortions.

**Perceptual Symptoms**

* Difficulty perceiving where and how one’s body (and therefore one’s car) is positioned in space.
* Difficulty distinguishing objects from background.

A road test becomes a very important part of the pre-driving assessment process for students with visual deficiencies. In conjunction with the medical evaluation, this should enable the instructor to obtain a realistic appraisal of the student’s challenges as they affect the driving task.

**Behavioral Symptoms**

* Easily upset, angered, or agitated under stress.
* Poor judgment, distractibility, short attention span.
* Inability to concentrate on more than one thing at a time while under stress.

The instructor should work with a specialist who is knowledgeable about particular behaviors in order to understand and more effectively teach students with behavioral problems.

**Some Common Disabilities Involving Brain Damage**

* Left Hemiplegic - This disability usually occurs as the result of a cerebral vascular impairment, or a stroke, affecting the right side of the brain. The individual may be able to use only the right arm and leg. The only adaptive equipment needed may be a right turn signal indicator lever.
* Right Hemiplegic - This disability is usually the result of a stroke on the left side of the brain, causing impairment of the right side of the body. This individual may need a left foot accelerator and possibly a steering knob.

**Cerebral Palsy**

This is a permanent and chronic disability sustained at birth. Numerous symptoms are associated with cerebral palsy, which include perception, neurosensory, and intellectual. The pre-driving assessment process should be thorough. Patience on the part of the instructor is necessary and success may take a long time to achieve.

**NOTIFYING DMV**

The Department of Motor Vehicles should be notified of any physical, mental, or visual driving impairments. The physician and driving evaluator must complete a Customer Medical Report (MED2) and file it with DMV. Failure to report any medical impairment could put the student’s driving privileges in jeopardy.

Reporting the medical status to DMV will help protect the individual. If a student with special needs is involved in a vehicle crash and the adaptive equipment is not documented, the insurance company may deny the claim.

Individuals can report hazardous or impaired drivers to DMV. In accordance with Code Section § 46.2-322 and DMV's Medical Review Policy, DMV requires that persons who are reporting impaired drivers

* provide their name, address, and telephone number, so that a DMV representative may follow up if additional information is needed; and
* send a detailed written description of the hazardous or impaired driving to DMV Medical Review Services, Post Office Box 27412, Richmond, Virginia 23269-0001.

Additional licensing and traffic safety information is available at: [www.dmvnow.com](http://www.dmvnow.com/)

It is illegal for an insurance carrier to refuse to insure, refuse to continue to insure, or limit the amount, extent, or kind of vehicle insurance coverage available for a disabled driver. A carrier cannot charge a different rate for the same coverage only because the person has special needs or uses adaptive equipment that has been properly prescribed and evaluated, unless they can prove their action is based on sound principles.

A qualified teacher should provide the adapted in-car instruction. All instruction should be provided in a vehicle equipped with the same type of adapted equipment that the student will be using after course completion. Supervised driving experiences should be continued until the student masters adequate driving skills.

**ADAPTIVE EQUIPMENT**

Because of the broad range of technology and adapted driving equipment, it is important to get an appropriate evaluation to determine equipment needs. Once the proper equipment is identified, it is important to find a dealer and installation vendor. Investigate the dealer’s qualifications, capabilities, service practices, and warranties. Before buying a new or used vehicle, consult with an adaptive equipment dealer. The model of vehicle can affect the type of equipment that can be installed.

The adaptive driver instructors should be familiar with vendors in their area. The ADED Website, (<http://www.driver-ed.org>) has a list of the latest links and adapted driving resources**.**

**REHABILITATIVE RESOURCES**

A driver evaluation for students with special needs should be completed at an assessment center that has access to the necessary equipment for the type of disability. These assessments, along with medical records and driving history, will help the evaluator and physician prescribe the proper driving equipment for the student’s needs. Some of the driver evaluation centers complete the physical and cognitive capability components, but not the actual driver training. They will have a list of approved driver education providers.

Following is a list of driver evaluation centers in Virginia, organized alphabetically by location. Additional information is available online at the Association of Driver Rehabilitation Specialists’ (ADED) Web site at: [www.driver-ed.org](http://www.driver-ed.org).

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| Convenience Driving School Dr. Gregory Rinehardt, CDRS 2677 Steelsburg Highway, Suite 1 **Cedar Bluff, VA 24609** (276) 971-4052  Clinical Assessment/In-Car Evaluation3 | McGuire Veterans Affairs Medical Center David K. Martinez, CDRS 1201 Broad Rock Blvd **Richmond, VA 23249**  (804) 675-6857 |
| Driver Rehabilitation Center of Excellence Tammy Phipps, OTR/L, CDRS 14101 Parke Long Ct. **Chantilly, VA 20151**  (703) 345-2990 [tphipps@driverrehabcenter.com](mailto:tphipps@driverrehabcenter.com) Medically at risk, New drivers, Over 65, Clinical Evaluation, Clinical Training, In-Vehicle Evaluation, In vehicle Training Cars, Alternative Transportation, OT On Staff | RVA Driver Rehab Specialists Dana M. Moore-Willis, OTR/L, CDRS 7400 Beaufont Springs Drive, Suite 300 **Richmond, VA 23225** (804) 464-0464 |
| Wilson Workforce Rehabilitation Center Mary Breister, OTR/L, CDRS 64 James Anderson Rd. **Fishersville, VA 22939**  (540) 332-7117 [mary.breister@wwrc.viginia.gov](mailto:mary.breister@wwrc.viginia.gov) New Drivers, Over 65, Clinical Evaluation, Clinical Training, In-vehicle Evaluation, In-vehicle Training, Cars, Vans, Alternative Transportation, OT On Staff, Driving Simulator | Friendship Outpatient and Wellness Leah Sowers, Outpatient Manager. Division of Friendship Retirement Community, 327 Hershberg Rd. **Roanoke, VA 24012** (540) 265-2199  Over 65, Clinical Evaluation, Clinical Training, In-vehicle Evaluation, In-Vehicle Training, Cars, Alternative Transportation, OT On Staff |
| A & M Driver Rehab Services Anthony Jones, RKT, CDRS **Hampton, VA 23666** (757) 570 - 2734 | Driver Side Rehab, LLC Janet Stohler, OTR/L, CDRS 102 W. Cleveland Ave. **Vinton, VA 24179** (540) 981-1665  New Drivers, Over 65, Clinical Evaluation, Clinical Training, In-vehicle Evaluation, In-vehicle Training, Cars, Alternative Transportation, OT On Staff |
| Hampton VA Medical Center Arthur Jefferson, RKT, CDRS 100 Emancipation Drive **Hampton, VA**  (757) 722-9961 | Boundless Mobility  Deena Garrison Jones, OTR/L, CDRS  105 A Lew Dewitt Blvd, #225  **Waynesboro VA 22980**  (540) 943-3898  Email: boundlessmobility@gmail.com  Driver Evaluations, Driver Training, Adaptive Driver Training  New Drivers, Over 65, Clinical Evaluation, Clinical Training, In-vehicle Evaluation, In-vehicle Training, Cars, Vans, Alternative Transportation, OT On Staff |
| Medstar National Rehab Kathryn Fair, OT, CDRS 6858 Old Dominion Drive, Suite 200 **Mclean, VA 22101**  (703) 288-8260 | Driver Rehabilitation of Hampton Roads: A Service of CEAGH Karl Hoffman, OTR/L, CDRS, CDI 3901 Treyburn Drive, Suite 100 **Williamsburg, VA 23185** (757) 220-4751 [karlhoffman@excellenceinaging.org](mailto:karlhoffman@excellenceinaging.org) New Drivers, Over 65, Clinical Evaluation, Clinical Training, In-vehicle Evaluation, In-vehicle Training, Cars, Alternative Transportation, OT On Staff |
| Capital Driver Rehabilitation Consultants  John H. Vaughter Jr., CDRS 5117 Hopkins Rd.  **North Chesterfield, VA 23234,**  (804) 363-2959 Clinical and behind the wheel evaluations/training-car, standard and van. Assistance with obtaining a 3W restriction. Technical assistance with van modifications.  Web site: www.excellenceinaging.org  Clinical and on-the-road evaluations and training; driver simulation assessments and adaptive driver training | Valley Health Rehabilitation Center Deborah Bender, OTR/L, CDRS 333 West Cork St. Suite 230 **Winchester, VA 22601**  (540) 536-1180O  OT on Staff Clinical and on the road evaluations and training, adaptive driver training |
| CJW Driver Assessment and Education Program Dana Moore-Wills OTR/L, CDI, CDRS 1070 Midlothian Turnpike, Suite 127 **Richmond, VA 23235** (804) 267-6725 New Drivers, Over 65, Clinical Evaluation, Clinical Training, In-vehicle Evaluation, In-vehicle Training, Cars, Alternative Transportation, OT On Staff |  |