**ASSESSMENT FORM TO BE COMPLETED BY MEMBERS OF APD PANEL OF ADJUDICATORS*

NAME OF APPLICANT:

TABLE 1

IMPAIRMENT OF USER	DEGREE OF IMPAIRMENT
Unusual body dimensions	
Difficulty to bend joints	
Reduced arm force for handling the body	
Reduced arm force for handling objects (e.g. wheelchair)	
Impossibility to transfer from wheelchair to seat	

Indicate severity of impairment on a 0-5 scale (0best – 5 worst scenario)

TABLE 2

IMPAIRMENT OF USER	SIZE OF CAR	OPENING OF DOORS	DISTANCE OF CONTROLS	SEAT POSITION	POSITION OF: SEATBELT/ LOCKS	COMFORT EXTRAS
Unusual Body Dimensions						
Difficulty to bend joints						
Reduced Arm force for handling the body						
Reduced Arm force for handling objects (e.g. wheelchair)						
Impossible to transfer from wheelchair to seat						

Indicate problem areas to be considered with an X where applicable

TABLE 3 – ISSUES RELATED TO THE CAR

IMPAIRMENT OF USER	STEERING	BREAKING	ACCELE-RATION	PARKING BRAKE	ELECT. FUNCTION HORN, LIGHTS	LOADING WHEEL-CHAIR	SELECTION OF GEARS
1 LEG IMPAIRED, ARMS NOT							
2 LEGS IMPAIRED, ARMS NOT							
1 ARM IMPAIRED, LEGS NOT							
1 ARM AND 1 LEG IMPAIRED							
2 ARMS IMPAIRED, LEGS NOT							
2 LEGS AND 1 ARM IMPAIRED							
1 LEG AND 2 ARMS IMPAIRED							
2 LEGS AND 2 ARMS IMPAIRED							

Please indicate the applicable impairment: <u>0 – 4 POINTS SCALE MODE:</u>

0 – No problems
1 - Standard option to care
2 – Standard adaptations
3 – Difficult to solve, but single solutions are known and available
4 – Very complex, individual development necessary

A SPECIAL/ADAPTED VEHICLE IS NEEDED ☐ NOT NEEDED ☐

*Medical Consultant :*_____

*Occupational Therapist:*_____

*Person with disability with Knowledge about car adaptations:*_____

*DATE:*_____