

Excel Driving School

4620 Dixie Hwy
Suite A
Waterford, MI 48329

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Referral for services

Student Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Date of birth _____ Age _____

Parent / Guardian _____ Phone _____

Agency contact _____ Phone _____

Services desired (check all that apply)

- Segment 1 - \$295** - Students under 18 yr s. 24 hours of class & 6 hours of driving
- Segment 2 - \$40** - Students under 18 yrs. 6 hours of class to complete GDL
- Private road lessons – \$60 per** -Any student that has a permit. Includes transportation
- Tutoring - \$40 per hour** – Book tutoring to prepare for test at Sec. of State
- Driving Simulator - \$45 per hour**
- Tutoring and Simulator package = \$55 per hour**
- Clinical Evaluation -\$395 fee** - Call for description

Has the student participated in driver’s education in the past? No___ Yes___ describe.....

Has the student ever been licensed? No___ Yes___ When? _____

Does the student have a current instruction permit? No___ Yes___ How Long? _____

Is student currently attending High School? No___ Yes___ Which school? _____

Nature of Disability / Diagnosis or relevant medical history:

Is the student currently employed? _____ Where? _____

Does the student have any of the following? (Check all that apply)

Seizures _____ Headaches _____ Wear glasses or contacts? _____

Current medications and dosages:

Precautions _____

****One of the following should be included when referring a student for evaluation services****

- | | |
|---|---|
| <input type="checkbox"/> Medical History | <input type="checkbox"/> School IEP records, |
| <input type="checkbox"/> Current Physical | <input type="checkbox"/> Psychological Evaluation |

Office Only: Date received: _____ Instructor assigned: _____ Date: _____

Student availability: _____

Special Instructions: _____