

**Excel Driving School**

4620 Dixie Hwy  
Suite A  
Waterford, MI 48329

**Rachel Duncan**

Ph: 248-673-6799  
Fax: 249-673-6434  
1-888-909-5140

**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
- DCAT cognitive assessment only - \$99** includes report

**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\*\***

- \_\_\_\_\_ Medical History
- \_\_\_\_\_ School IEP records,
- \_\_\_\_\_ Current Physical
- \_\_\_\_\_ Psychological Evaluation

**Office Only:** Date received: \_\_\_\_\_ Instructor assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Student availability: \_\_\_\_\_

Special Instructions: \_\_\_\_\_