

STUDENT REPORT FOR GROUP TRAVEL TRAINING

OVR-250 for each student must be submitted on a monthly basis.

Name of Customer	Date(s) of Report	Mode of Transportation
Provider	Coordinator	
Travel Location	Unique Identifier or Service Authorization ID:	

TIME LOG

DATE/TIME	HOURS	SKILLS/FOCUS AREAS

STUDENT OUTCOMES

1. Can remember and recite their full address and phone number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Can identify available methods of transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Can describe how to get home from a worksite on public transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Can describe how to get to identified areas on public transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Understands traffic signs and signals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Can safely walk across streets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Can read subway/bus maps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Can transfer subway/bus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Can use Lyft, Uber, or taxi services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Can add money to bus/subway card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Can identify which bus/subway stop to get off	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Is aware of their surroundings when using public transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Knows who to notify if they feel in danger	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Understands "stranger danger"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Understands what to do in an emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

RECOMENDATIONS

- Customer has completed travel training and is able to travel independently.
- Customer has completed group travel training hours and additional training is recommended.
- Customer has completed group travel training hours and independent travel is not recommended at this time.

STUDENT QUESTIONS

1. What method of transportation will you use to get to a job? _____
2. Please explain how you will use the information that you learned from this experience:

Observations:

Provider Printed Name

Title

Email/Phone

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*