

佛蒙特州违规驾驶员恢复计划 评估信息

2024年3月

当事人信息					
名字:		中间名首字母:		姓氏:	
出生日期:		电话:		VT PID:	
地址:			电子邮件地址:		
教育水平:			就业情况:		

犯罪类型	犯罪日期	犯罪 BAC

我在本表格上签名，即表示，我证明我所提供的所有信息均属实。
我明白，我必须在本评估日期起五（5）年内完成整个IDRP计划；否则，我将需要重新开始该计划，包括支付所有相关费用。

当事人签名:		日期:	
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评估信息（由 IDRP 评估员填写）			
评估地点:		评估日期:	
DAST 得分:		AUDIT 得分:	
最后一次使用（大约时间）:	酒精:	药物:	

评估员评论:

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物质滥用史（酒精、大麻、非法药物）:

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当前物质滥用情况（酒精、大麻、非法药物）:

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Simplified Chinese

家族史:

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补充意见、关注领域、评估员建议:

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是否需要治疗? 是 否

评估员对 IDRP 治疗提供者的期望 (即: 要解决的目标/行为):

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是否需要进行治疗? 是 否

我在本表格上签名, 即表示, 我证明我所提供的所有信息均属实。

IDRP 评估员签名:		日期:	
执照编号:			
主管姓名和执照编号 (如果适用):			

Simplified Chinese

Vermont Impaired Driver Rehabilitation Program

Evaluation Information

March 2024

Client Information					
First Name:		Middle Initial:		Last Name:	
Date of Birth:		Phone:		VT PID:	
Address:			Email Address:		
Education Level:			Employment:		

Type of Offense	Date of Offense	Offense BAC

By signing this form, I attest all the information I provided is true to the best of my knowledge. I understand I must complete the IDRP in its entirety within five (5) years from this Evaluation date, or I will be required to restart the Program, including payment of all applicable fees.

Client Signature:		Date:	
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Evaluation Information (To be completed by IDRP Evaluator)					
Location of Evaluation:				Date of Evaluation:	
DAST Score:		AUDIT Score:		Offender Type:	
Last use (approximate):	Alcohol:			Drugs:	

Evaluator Comments:

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History of Substance Use (alcohol, cannabis, illicit substances):

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Current Substance Use (alcohol, cannabis, illicit substances):

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English

Family History:

Additional comments, areas of concern, Evaluator recommendations:

Treatment Required? Yes No

Evaluator expectations for IDRPs treatment provider (i.e. goals/behaviors to address):

Exit interview required? Yes No

By signing this form, I attest all the information provided here is true to the best of my knowledge.

IDRP Evaluator Signature:		Date:	
License #:			
Supervisor Name & License # (if applicable):			

English