Maxwell Motorsports & Driving School

Agricenter International - 7777 Walnut Grove Rd. - Wing C - Memphis, TN 38120
(901) 755-6777
www.maxwelldriving.com

Differential Driving Program Application & Intake Form

Please Print

Student's Legal Name (first, middle, last) _____

☐ Male Birthdate (mm/dd/yyyy): _____/_____/_____Age: _____

☐ Female School/Program (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Student Phone Number: (_____) _____ SSN: _____

Student Email: _____

Parent/Guardian 1

Name: _____

Email: _____

Phone Number: (_____) _____

Work Number: (_____) _____

Parent/Guardian 2

Name: _____

Email: _____

Phone Number: (_____) _____

Work Number: (_____) _____

Check all that apply:

☐ Autism Spectrum Disorder ☐ Anxiety

☐ Learning Disability ☐ ADHD

☐ Vision Impairment ☐ Hearing Impairment

☐ Mobility Impairment ☐ Other: _____

☐ None *Please explain*: _____

_____

Emergency Contact (Other than Parent):

Name: _____

Phone Number: (_____) _____

Estimated Driving Experience (in hours):

☐ No Experience

Parking Lots:	☐ 0	☐ 1+	☐ 5+	☐ 10+	☐ 25+	☐ 50+
Residential Streets:	☐ 0	☐ 1+	☐ 5+	☐ 10+	☐ 25+	☐ 50+
City Streets:	☐ 0	☐ 1+	☐ 5+	☐ 10+	☐ 25+	☐ 50+
Rural Roads:	☐ 0	☐ 1+	☐ 5+	☐ 10+	☐ 25+	☐ 50+
Interstate/Highway:	☐ 0	☐ 1+	☐ 5+	☐ 10+	☐ 25+	☐ 50+

Locations & Conditions (Check all that apply)

☐ On major streets (e.g., Poplar Ave, Walnut Grove)

☐ In rainy weather ☐ In heavy traffic

☐ At night ☐ Parking Spaces

☐ Parallel Parking

If applicable, describe any diagnoses, IEPs, 504 plans, or accommodations currently in place:

_____

_____

_____

Are there medical interventions that may be needed during instruction?

_____

_____

Communication & Learning Preferences

How does your child learn best? (check all that apply):

- ☐ Verbal instructions
- ☐ Written directions
- ☐ Visual aids (charts, pictures)
- ☐ Hands-on practice
- ☐ Step-by-step guidance
- ☐ Repetition and consistency
- ☐ Other: _____

How can we accommodate your child's communication and learning style?

_____

_____

Does your child have any sensory sensitivities or triggers (e.g., noise, lights, fabrics)? No / Yes
Please describe:

_____

Social & Emotional Awareness

On a scale of 0-10 (0 = Never or Not Likely, 10 = Always or Very Likely), please rate your child in the following areas and provide examples where helpful:

1. **Judgement & Maturity**

How often does your child show good judgement and maturity:

At school or work: _____ With peers: _____ At home: _____

Notes or Examples:

_____

_____

2. **Feedback & Redirection Response**

How well does your child respond to constructive feedback or corrections? (0-10) _____

What approaches work best when offering feedback? (e.g., gentle tone, time to process):

_____

_____

3. **Impulse Control**

How well does your child manage impulses (e.g., blurting out, reacting without thinking)? (0-10) _____

What helps your child stay calm or self-regulate in situations where patience or delayed response is needed?

_____

_____

4. **Frustration**

How well does your child handle frustration, disappointment, or making mistakes? (0-10) _____

Common triggers / Helpful strategies:

_____

_____

5. **Problem-Solving & Conflict Resolution**

When presented with a challenge, how likely is your child to pause and think through options before acting?

(0-10) _____

Describe how your child typically responds in high-stress or unexpected situations:

_____

_____

_____

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Driving-Specific Considerations

Has your child had any previous driving or behind-the-wheel experience? No / Yes

Check all that apply:

- ☐ Difficulty with attention/focus
- ☐ Coordination or motor planning issues
- ☐ High anxiety in new environments
- ☐ Trouble processing verbal instruction quickly
- ☐ Difficulty judging speed/distance
- ☐ Challenges with multitasking
- ☐ Easily overwhelmed in traffic
- ☐ Sensory overload in vehicles
- ☐ Other: _____

Strengths or qualities that may help with learning to drive:

_____

_____

Instructional Support & Goals

What are your goals for your child in this program?

- ☐ Learn basic driving skills
- ☐ Build confidence behind the wheel
- ☐ Develop safe driving habits
- ☐ Reduce anxiety related to driving
- ☐ Prepare for the driving test
- ☐ Learn coping strategies for driving-related stress
- ☐ Other: _____

Are there any tools, accommodations, or supports that work well for your child?

_____

_____

Is there anything we should avoid or handle with special care?

_____

_____

Is there anything else we should know to support your child's success?

_____

_____