



## Part 3 – Functional assessment of a person with a psychological impairment

This part must be completed by a psychologist or by another professional working in the health and social services network.

The information provided is confidential and for the sole use of the eligibility committee.

***PLEASE PRINT***

### Identification of person

Surname	Given name				
Address of residence	N°	Street	Apartment no.	Municipality	Postal code

**1. The signs of this impairment are**

Constant                       Intermittent    Specify: \_\_\_\_\_

**2. Does the person's impairment limit mobility?**

No         Yes    Specify: \_\_\_\_\_

**Associated difficulties**

Problem with orientation in time/space         No     Yes    Explain \_\_\_\_\_

Problem related to personal safety             No     Yes    Explain \_\_\_\_\_

Behavioural problem                               No     Yes    Explain \_\_\_\_\_

**3. Is recovery possible?**

No         Yes    When? \_\_\_\_\_

Explain \_\_\_\_\_

*Note : The content of this form is prescribed by the Ministère des Transports du Québec.*

**4. Has this person been given training on how to use regular public transit?**

If so, what type? \_\_\_\_\_

Date: \_\_\_\_\_

Supervised by: \_\_\_\_\_

If not, why? \_\_\_\_\_

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Specify the person's needs:

**ORIGIN**

**DESTINATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Does the person have a behavioural problem that could interfere with safety during transportation?**

No

Yes. If so, which measures would help to avoid such behaviour during travel?

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**6. How long have you been providing services for this person?**

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**7. This part was completed by :**

Name \_\_\_\_\_ Function \_\_\_\_\_ Tel. n<sup>b</sup> : \_\_\_\_\_  
Year Month Day

Signature of  
authorized  
professional \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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