



# Candidate Identification, Assessment and Evaluation

## Program Manual for Transit Agencies

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ATLANTA REGIONAL COMMISSION

NELSON  
NYGAARD

## Table of Contents

	<b>Page</b>
<b>Candidate Identification and Assessment.....</b>	<b>1</b>
<b>Candidate Assessment and Recommendations Forms.....</b>	<b>9</b>
Candidate Interview Form.....	10
Basic Skills Assessment Form.....	17
Recommendations for Travel Training Form.....	20
Participant Consent Form.....	24
<b>Follow-Up Evaluation .....</b>	<b>25</b>
Follow-up Evaluation Form.....	26

## Table of Figures

	<b>Page</b>
Figure 1 Candidate and Assessment Process for Trainers at Transit Agencies.....	<b>Error! Bookmark not defined.</b>

Photo Source: MARTA

# CANDIDATE IDENTIFICATION AND ASSESSMENT

Candidate identification and assessment is completed by specialized employees who are referred to herein as “trainers”.

There are two types of trainers who conduct candidate identification and assessment:

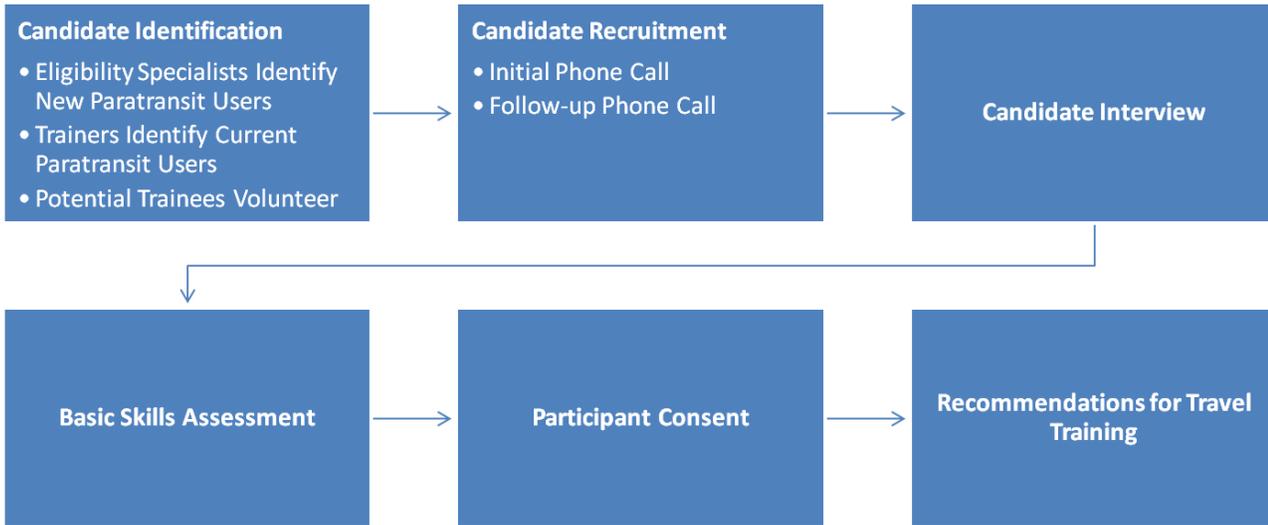
- Travel Trainers who perform Intensive Travel Training
- Travel Ambassadors who perform Travel Orientation

Trainers are employed at both transit agencies and nonprofit/human service organizations, and are skilled in working with people with disabilities. Trainers have the skills needed to identify which training program is most appropriate for an individual. Travel Trainers and Travel Ambassadors are responsible for conducting candidate identification and assessments for individuals and will refer individuals to the program appropriate for his or her skills and needs.

Travel Ambassadors are transit agency or human service organization employees skilled in working with older adults and people with disabilities and who has a deep knowledge of fixed route transit. Travel Ambassadors are not trained to work with people with cognitive disabilities.

Travel Trainers are transit agency or human service organization employees who have a deep knowledge of fixed route transit. These individuals are skilled in working with older adults, as well as people with physical and cognitive disabilities.

**Figure 1 Candidate and Assessment Process for Trainers at Transit Agencies**



## 1. Candidate Identification

Staff members of transit agencies have three options to identify candidates for travel training.

### Option #1: Eligibility Specialists Identify New Paratransit Users

- **Step 1:** The paratransit eligibility process occurs at a transit agency when a person applies for Paratransit. During this process, the eligibility specialist will meet with a new paratransit customer to determine his or her eligibility for Paratransit. At the same time, the eligibility specialist will identify if the individual has the skills and ability to take certain trips on fixed route transit.
- **Step 2:** The individuals who have the skills and abilities to take certain trips on transit will be referred to a trainer for recruitment and assessment.

**FOR FUTURE REFERENCE:** If one or more transit agencies in the Atlanta Region adopt a “conditionally eligible” status for certain individuals who are only eligible for paratransit on certain trips, then these individuals should be referred to a Travel Trainer or Travel Ambassador. For example: trips that have certain insurmountable barriers, such as when it is too cold, or when a trip is a certain length, etc. In these instances, the eligibility specialist will refer the customer to a trainer to receive fixed route training on the trips that are not deemed paratransit eligible.

**Option #2: Trainers Identify Current Paratransit Users**

- **Step 1:** A Travel Trainer or Travel Ambassador will obtain or generate a list of current Paratransit riders, with home addresses.
- **Step 2:** The trainer will ask the agency’s Paratransit Eligibility Specialist to identify paratransit riders likely to benefit from travel training. Each of these individuals is a potential candidate for travel training.
- **Step 3:** Use the guidelines under Candidate Recruitment to encourage participation in travel training.

**Option #3: Individuals Volunteer for Training**

If an individual becomes interested in travel training, he or she can contact a trainer for more information. There are several ways an individual might learn about the program. He or she may read about it on the Atlanta Regional Commission website or a transit agency website, or he or she may hear about the program from a friend.

Additionally, trainers at transit agencies will host information sessions either at the transit agency offices or at a local organization or public space. The trainers will discuss the benefits using fixed route transit (see benefits listed in the introduction). Trainers will also distribute the Travel Training Fact Sheet.

Presentation attendees will have the opportunity to ask questions. They can then sign up for a Candidate Interview. After each presentation, trainers should provide their business cards to participants, and will also collect participants’ contact information for future outreach.

## **2. Candidate Recruitment**

While each trainer can identify a potential candidate for training, he or she cannot - by federal policy - require any type of travel training.

This step is designed to recruit candidates for travel training. Recruitment involves contacting the individuals from the lists of candidates developed within the steps listed above.

- **Step 1: Initial Telephone Call:** Trainers will contact prospective candidates by phone to gauge interest. The conversation will focus on the customer benefits of travel training. Trainers will mention the program is free and not mandatory, and will offer to mail, email, or fax the customer the Travel Training Fact Sheet.

### **Use the TRAVEL TRAINING FACT SHEET (found online)**

The next steps should only be taken if the customer showed interest during the initial telephone call.

- **Step 2: Follow-Up Telephone Call:** Within two weeks of sending the Travel Training Fact Sheet, contact the customer by phone again to answer any questions. The trainer will discuss how the customer can have greater flexibility, mobility, and independence by using fixed route service.

[Note that the telephone calls may also be made to a family member, a caregiver, or agency service providers, as appropriate.]

### **3. Candidate Interview**

If the customer (or their designated contact) expresses interest in travel training, the next step is to conduct an interview. This interview is best completed in person. The trainer will identify the best place to meet the candidate, either in the agency offices, at the candidate's house, or at a central location, such as a senior center.

The information collected during the in-person Candidate Interview is used to make a "baseline decision" regarding whether or not the customer would benefit from travel training, and which program should be selected from the suite of travel training options.

#### **Complete the CANDIDATE INTERVIEW Form**

At the end of the interview, the trainer and the individual (or his or her caregivers) will jointly decide if the individual would benefit from training.

The next step is the Basic Skills Assessment. This assessment will be completed directly following the Candidate Interview, if possible. If the candidate is high-functioning however, the trainer may opt to forgo the Basic Skills Assessment and move directly to the Recommendations for Travel Training.

## **4. Basic Skills Assessment**

The Basic Skills Assessment is completed in person directly following the Candidate Interview. This assessment has three functions:

- To assess whether the customer is physically and mentally able to successfully complete any type of travel training
- To assess the level of customer skills in order to assign the customer to a type of travel training
- To build trust with the trainer

Individuals need a basic set of skills to participate in any type of travel training. These skills include those needed for daily living, such as knowing how to tell time, how to use money, how to navigate, and how to effectively communicate.

If a candidate does not pass the Basic Skills Assessment, the trainer will recommend resources within local organizations for basic skills training.

**Complete the BASIC SKILLS ASSESSMENT Form**

## **5. Recommendations for Training**

After the participant has completed the assessment, the trainer will recommend for the appropriate training for each individual using the findings from both the Candidate Interview and the Basic Skills Assessment. Within the Atlanta Region, different organizations and transit agencies provide the six types of travel training programs:

- Intensive Travel Training
- One-on-One Travel Orientation
- Group Travel Orientation
- Bus Buddies
- Travel Coaching
- Information and Referral Training

If the customer is not eligible for the type of training provided by the agency/organization performing the assessment, the customer will be referred to an agency/organization that does provide that type of training.

For example: if it is determined that a disABILITY Link client is best suited for Travel Coaching (which disABILITY Link may not provide), they will be referred to a local organization that does provide that service.

Candidate recommendations will occur within two business days of completing the Basic Skills Assessment. Trainers will complete the recommendations on their own and will follow-up with the candidates by telephone to inform them of the recommended training. If that trainer will be providing the recommended training then he or she will schedule the training session. If the trainer refers the person to another agency/organization for training, then the trainer will alert the participant that another person will contact him or her to schedule the training session.

### **Complete the RECOMMENDATIONS FOR TRAVEL TRAINING Form**

## **6. Participant Consent**

After deciding on the recommended training, the trainer will complete the Participant Consent Form with the appropriate information. This information will include the agency/organization that will provide the training.

The Participant Consent form will be given to the participant to sign before the start of the first training session. The training session cannot start until the participant has signed the form. If training is being provided at another location, the trainer will mail the consent form to the other organization.

**Fill out the PARTICIPANT CONSENT Form**

# **CANDIDATE ASSESSMENT AND RECOMMENDATIONS FORMS**

- Travel Training Fact Sheet
- Candidate Interview Form
- Basic Skills Assessment Form
- Recommendations for Travel Training Form
- Participant Consent Form

## CANDIDATE INTERVIEW FORM

The purpose of this form is to get to know the candidate and provide basic information about his or her current transportation habits, experience with fixed route transit, health or mobility concerns, and current support systems. The candidate provided information will be used to make recommendations on which travel training is most appropriate for the candidate.

This form should be filled out by the trainer during an in-person interview and before the basic skills assessment. The trainer will read each question out loud and allow time for the candidate to answer.

*If not already done previously, trainer should first provide a brief introduction to travel training in general, as well as the benefits, process, and different programs offered.*

Information provided by:
<input type="checkbox"/> Training Candidate
<input type="checkbox"/> Support Provider
<input type="checkbox"/> Family Member/Friend

### General Information

Client Name:		
Date of Birth:		
Home Address:		
Phone Number:		
Disabilities/Mobility Aids:		
Relevant Medical Information:		
<b>Emergency Contact</b> Name:	Relationship:	Phone Number:

**Section #1: Travel Behavior**

<p><b>Are you familiar with the fixed route (bus/train) transportation options in the Atlanta Region?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Have you ever used the bus or train in Atlanta?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>If <u>YES</u>:</b></p> <p style="padding-left: 20px;"><b>When did your last trip occur?</b></p> <p style="padding-left: 20px;"><b>What service(s) did you use?</b></p> <ul style="list-style-type: none"><li><input type="radio"/> MARTA</li><li><input type="radio"/> Cobb County Transit</li><li><input type="radio"/> Georgia Regional Transportation Authority</li><li><input type="radio"/> Cherokee County Transit</li><li><input type="radio"/> Gwinnett County Transit</li><li><input type="radio"/> Other: _____</li></ul>
<p><b>If you have <u>NOT</u> ridden the fixed route services before:</b> Can you please explain what has kept you from using these services? <i>(Select all that apply)</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I am bothered by crowds</li><li><input type="checkbox"/> I am afraid of getting lost</li><li><input type="checkbox"/> I am afraid of traveling by myself, without another person to accompany me.</li><li><input type="checkbox"/> I am afraid to travel an unfamiliar area.</li><li><input type="checkbox"/> I feel others may treat me unfairly because of my disability.</li><li><input type="checkbox"/> I have trouble remembering directions.</li><li><input type="checkbox"/> I am unable to travel in areas that lack sidewalks.</li><li><input type="checkbox"/> I have difficulty crossing the street at busy intersections that have traffic lights.</li></ul>

<p><input type="checkbox"/> I have difficulty crossing streets with traffic which don't have traffic lights.</p> <p><input type="checkbox"/> I have difficulty walking through parking lots to get to business entrances.</p> <p><input type="checkbox"/> Some weather conditions prevent me from being outside.</p> <p><input type="checkbox"/> No one has taught me how to use buses and trains.</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>Why do you want to learn how to travel using buses/trains?</b></p>
<p><b>How do you typically travel around your neighborhood?</b></p>
<p><b>Where do you go?</b></p>
<p><b><i>Please think of a specific destination which you would like to access using fixed route transit (bus or train) but require assistance in trip planning/maneuvering.</i></b></p> <p><b>Have you attempted to access this destination by bus or train before?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b><u>If yes</u>, what challenges did you encounter?</b></p>

**Section #2: Cognition Concerns**

<p><b>Do you have your address and phone number memorized? <i>Circle one: Yes /</i></b></p> <p>No</p> <p><b>Do you carry an ID listing your address and phone number? <i>Circle one: Yes</i></b></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

/ No

**Can you tell time?** *Circle one: Yes / No*

**Can you recognize numbers?** *Circle one: Yes / No*

**Can you identify dollar the amounts of coins and bills?** *Circle one: Yes / No*

**Do you own a cell phone?** *Circle one: Yes / No*

**Have you used a pay phone?** *Circle one: Yes / No*

**Section #3: Mobility Concerns**

**Do you have difficulty with any of the following aspects of mobility?**

Check all that apply.

- |                                            |                                                 |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Balance           | <input type="checkbox"/> Coordination           |
| <input type="checkbox"/> Turning           | <input type="checkbox"/> Moving around          |
| <input type="checkbox"/> Fatigue           | <input type="checkbox"/> Endurance              |
| <input type="checkbox"/> Negotiating steps | <input type="checkbox"/> Dizziness              |
| <input type="checkbox"/> Sitting down      | <input type="checkbox"/> Walking long distances |
| <input type="checkbox"/> Strength          | <input type="checkbox"/> Other: _____           |

**Describe difficulties:**

**Are you able to get to a bus stop independently?** *Circle one: Yes / No*

**Are you able to stand for ten minutes?** *Circle one: Yes / No*

**Are you able to step onto and off of a curb?** *Circle one: Yes / No*

**Section #4: Physical or Mental Impairments**

**Mental Health Impairments (if applicable)**

**What are the effects of your mental health problems?**

**Do you use medication? *Circle one:* Yes / No**

**Vision Impairments (if applicable)**

**Describe your vision impairment.**

**If you use corrective devices, please describe them:**

**Does your vision change during certain conditions? *Circle one:* Yes / No**

**Hearing Impairments (if applicable)**

**Please describe your hearing impairment.**

**If you use corrective devices, please describe them:**

**Can you cross the street safely if you rely on your senses? *Circle one:* Yes / No**

**What is your primary mode of communication?**

**Do you have any other special needs or physical impairments? If yes, please describe.**

**Section #5: Support Network**

**In what type of home do you live?**

- Assisted living facility
- Residential facility
- Group Home
- Your own home
- Other: \_\_\_\_\_

**Do you live with someone else? Who?**

**Whom do you look to for support? What type of support does he or she provide?**

**Section #6: Training Logistics**

**Are you involved in any recurring activity, such as work, or other obligations?**

- Yes
- No

**If yes, what days/times are off limits for you due to your obligations?**

**What days /times work best for you to complete training?**

**Section #7: Training Goals (from the participant)**

**Goal 1:**

**Goal 2:**

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Program Manual for Transit Agencies

**Goal 3:**

**Date of Interview:**

**Interview Completed by:**

**Date of Interview:**

**Does the candidate need to take the Basic Skills Assessment? Circle one:**  
Yes / No

*If YES, you can proceed to the Basic Skills Assessment.*

*If NO, proceed to the Participant Consent Form.*

## BASIC SKILLS ASSESSMENT FORM

*The purpose of this form is to determine if the candidate possesses the skills necessary to benefit from any of the travel training options available in the region. If a trainer is confident that a candidate can sufficiently pass this assessment (in the case of highly competent older adults or persons with disabilities), then Trainers may opt to not administer it.*

*If the individual is significantly lacking in any of these elements, the deficiency should be addressed prior to prescribing training recommendations. The trainer should use his or her judgment as to whether an individual is able to complete any type of travel training. Trainers are allowed to assist participants and provide guidance.*

<b>Participants'</b> <b>Name:</b> _____
<b>Phone Number:</b> _____

### Numbers

Using flashcards hold up 10 different numbers and ask the participant to identify the numbers.  <b>Correct answers: ____ / 10</b>
If the participant got less than 10 correctly, hand them an identical set of flashcards and have them match the numbers to the first set of flashcards.  <b>Correct answers: ____ / 10</b>

### Following Directions

Using the same schedules, ask the client to follow a series of directions. 1. If you are looking at a bus schedule for the 89, then circle all of the 89s. 2. Now, put a box around the fare section. 3. Put a triangle next to the handicap symbol. Double underline the name of the route.  <b>Correct answers: ____ / 3</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Money**

Lay out two of each type of coin and two bills – pennies, nickels, dimes, quarters, \$1, and \$5 – and ask the client to identify the name and amount of each coin.

Correct answers: \_\_\_\_ / 20

Keep the money on the table and add two more of each coin. Ask the consumer to add up the money three different ways to make \$0.65.

Correct answers: \_\_\_\_ / 3

**Memory**

Show the client a bus schedule and point out where to locate the bus number, the phone numbers, and the schedules for different days. Then give the client a different schedule and ask him/her to show you all of the same areas.

Bus number \_\_\_\_\_

Accessibility \_\_\_\_\_

Fares \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Schedules \_\_\_\_\_

Correct answers: \_\_\_\_ / 5

**Behavior**

Describe the client's behavior during the intake process. *(Was the client easily agitated, easily distracted, unresponsive, etc. Did the client refuse to answer difficult questions, display inappropriate behavior, appear fidgety, use inappropriate voice/words, ask inappropriate questions, appear to be on drugs/alcohol)*

What are the specific behaviors and how did they affect the interview?

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**Materials Needed**

At least two different bus schedules  
2 Sets of Flashcards – Numbering to at least 50

\$7.64  
1 - \$5 bill  
1 - \$1 bill  
4 – quarters  
4 – dimes  
4 – nickels  
4 – pennies

A digital clock & An analog clock

**Scorecard**

Section	# Correct	Minimum Needed*
Numbers #1		8
Numbers #2		8
Following Directions		2
Money #1		18
Money #2		2
Memory		4
Total Score		42

*\* If a participant does not meet the minimum number of correct answers – even with the trainers assistance – then the participant is not eligible for any type of travel training and should be referred to a basic skills course or training program.*

Basic Skills Assessment Completed by:

\_\_\_\_\_

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

## RECOMMENDATIONS FOR TRAVEL TRAINING FORM

*The purpose of this form is to recommend the type of training needed to ensure an individual's successful completion of travel training. The Trainer will fill out this form after the Initial Candidate Interview and Basic Skills Assessment are complete.*

<b>Participant Name:</b>
<b>Phone number:</b>

**Type of Training Recommended:**

<ul style="list-style-type: none"><li><input type="checkbox"/> Intensive Travel Training</li><li><input type="checkbox"/> One-on-One Travel Orientation</li><li><input type="checkbox"/> Group Travel Orientation</li><li><input type="checkbox"/> Bus Buddies</li><li><input type="checkbox"/> Travel Coaching</li><li><input type="checkbox"/> Information &amp; Referral Training</li><li><input type="checkbox"/> Not Eligible for Any Type of Travel Training</li></ul> <p><b>Recommended type of training provided by (agency/organization):</b></p> <p><b>Recommendation Notes:</b></p>
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***After determining the type of training the participant requires, the trainer will call the participant to schedule the classroom training and in-the-field training and determine a location for training. Please Note: The MARTA Travel Training facility is available to trainers in the region for public use.***

**Training Schedule**

Classroom Training:

Date #1: \_\_\_\_\_

Time: \_\_\_\_\_AM\_\_PM\_\_

Date #2 (if needed) \_\_\_\_\_

Time: \_\_\_\_\_AM\_\_PM\_\_

Address of Classroom Training:  
\_\_\_\_\_

Field Trip Training:

Date #1: \_\_\_\_\_

Time: \_\_\_\_\_AM\_\_PM\_\_

Date #2: \_\_\_\_\_

Time: \_\_\_\_\_AM\_\_PM\_\_

Address of Trip Origin:  
\_\_\_\_\_

Address of Trip Destination:  
\_\_\_\_\_

Bus Route Number/Rail Line:  
\_\_\_\_\_

Origin Bus Stop/Rail Station:  
\_\_\_\_\_

Destination Bus Stop/Rail Station:  
\_\_\_\_\_

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Program Manual for Transit Agencies

Meet at Trip Origin?

Yes

No

If no, meet at:

**Most Common Trips**

*If the trainer recommends Intensive Travel Training or One-on-One Travel Orientation, then they will ask for the participant for their three most commonly traveled trips.*

Trip #1:

Origin Address:

Destination Address:

Route Traveled:

Preferences:

Trip #2:

Origin Address:

Destination Address:

Route Traveled:

Preferences:

Trip #3:

Origin Address:

Destination Address:

Route Traveled:

Preferences:

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Program Manual for Transit Agencies

**Training Goals (from the trainer's perspective)**

Goal #1:
Goal #2:
Goal #3:

Customer Recommendations Completed by:

\_\_\_\_\_

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

## **PARTICIPANT CONSENT FORM**

### **Release of Information Authorization**

I, \_\_\_\_\_ (Trainee) hereby agree to participate in [AGENCY NAME] [TYPE OF TRAINING].

- I hereby give permission for [AGENCY NAME] staff, volunteers, and/or a contracted, travel trainer to provide [TYPE OF TRAINING] based on the individualized goal and plan established by the Trainee and [AGENCY NAME].
- I understand that [TYPE OF TRAINING] involves walking within the community, crossing intersections, and riding buses and trains in all types of weather.
- I also understand that [AGENCY NAME], and its employees, agents, contractors and/or volunteers, and the Trainer, make no promise that I will be able to use public transportation independently upon completion of the [AGENCY NAME] [TYPE OF TRAINING].
- I have had the opportunity to discuss the [AGENCY NAME] [TYPE OF TRAINING] Program and to ask the Trainer questions.

I understand and agree that the decision to use public transportation alone or without assistance after completion of the [AGENCY NAME] [TYPE OF TRAINING] program rests with me as the Trainee.

I further acknowledge and agree that [AGENCY NAME] will not be financially responsible, and I hereby waive and release [AGENCY NAME], its employees, board members, contractors, agents, and volunteers and the Trainer for any damages, injuries, or other liabilities I sustain while participating in the [AGENCY NAME] [TYPE OF TRAINING] or using public transportation after completion of the [TYPE OF TRAINING] Program, except with respect to damages, injuries or other liabilities caused by the gross negligence or intentional misconduct of the Trainer and/or [AGENCY NAME], its employees and/or its agents.

---

TRAINEE

DATE

---

TRAINER

DATE

## FOLLOW-UP EVALUATION

The trainer that performs the training is responsible for administering a Customer Follow-Up Evaluation. The evaluation will measure customer satisfaction and gauge the program's success.

Types of Trainers responsible for Follow-up Evaluations:

- Travel Trainers
- Travel Ambassadors
- Travel Coaches
- Bus Buddies

The purpose of the evaluation is to determine how often the customer is utilizing fixed route transit and their comfort level with it. The evaluation is conducted via the phone two separate times:

- The first time within one month after completing training
- Again six months after completing the training.

Additionally, if the trainer is employed with a transit agency, they may be able to compare the customer's use of paratransit after graduating the program. This will determine if the individual is taking the same number of Paratransit trips.

**Complete the FOLLOW-UP EVALUATION  
FORM on pg. 26**

## **FOLLOW-UP EVALUATION FORM**

Trainers will administer a follow-up evaluation twice: once within a month of completing training and again six months after completing training.

**Participants' Name:**

**Phone Number:**

**Evaluation:**

- One month post training
- Six months post training

### **Evaluation**

What type of travel training did you participate in?

- Intensive Travel Training
- One-on-One Travel Orientation
- Group Travel Orientation
- Bus Buddies
- Travel Coaching
- Information & Referral Training

Are you still taking the bus or train in the Atlanta Region?

- Yes
- No

**If you responded NO and are NOT using the buses or trains in the Atlanta Region, please respond to the below questions.**

Please describe why you do not use the buses and trains.

Do you need additional training in order to feel comfortable taking buses or trains?

- Yes
- No

**If you responded YES and are currently using the buses or trains in the Atlanta Region, please respond to the below questions.**

What fixed route transportation services do you use?

- Buses
- Trains
- Both

What transit system(s) do you use?

- MARTA
- Cobb County Transit
- Georgia Regional Transportation Authority
- Cherokee County Transit
- Gwinnet County Transit
- Other:

\_\_\_\_\_

How often do you ride these services?

- A few times a year
- Less than once a month

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- Less than once a week
- One to three times per week
- Almost every day

What is the primary trip purpose for taking buses or trains? (E.g. getting to work, going to appointments, going to recreational or social engagements, etc.)

- Medical Appointments
- Work / Job Interview
- Non-Medical Appointments / Errands
- Social or Recreational Engagements
- Educational Opportunities
- Other:

\_\_\_\_\_

\_\_\_\_\_

Does using fixed route buses or trains improve your ability to go to school or work or participate in other important activities?

- Yes
- No

Have you had any problems or difficulties taking buses or trains independently?

- Yes
- No

Would you like more training or practice on buses or trains?

- Yes
- No

If yes, on what specifically would you like more training and practice?

How did the travel training help you?

What do you like best about using the bus or trains?

Are the trips that you're taking on buses or trains new trips or trips that you formerly would have taken on paratransit?

- New trips that I never take on paratransit
- Trips I would have taken on paratransit before completing travel training

***ONLY IF APPLICABLE, Trainer can review the participant's customer file at the transit agency to determine if the number of paratransit trips they have taken has changed since travel training.***

Paratransit Trips per Month Prior to Travel Training: \_\_\_\_\_

Paratransit Trips per Month After Travel Training: \_\_\_\_\_

Follow-up Evaluation Completed by:

\_\_\_\_\_

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