



ORIENTATION AND MOBILITY FORM

If there is not an O&M instructor for this student please have the vision teacher or resource teacher fill out this form to the best of their knowledge.

Return this form at least THREE WEEKS prior to the clinic date

STUDENT: _ _

O&M SPECIALIST: _
(OR Vision/Resource Teacher)

Does the student receive O&M training at school? Yes No

If yes, how often? _____

If no, when was the last O&M assessment completed? _____

Does the student use an ID cane or a long cane for independent travel? _____

Is the student currently using a monocular or other optical aid for independent travel? Yes No

If yes, what optical aid and magnification power? _____

Please put check mark in box for either Y, NW, or N

Y = Yes **NW** = Needs Additional Work **N** = No

GENERAL O&M SKILLS

Y	NW	N	Skill
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knows home address and phone number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel independently in familiar neighbourhood
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe home neighbourhood e.g. (rural)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe their visual impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follows directions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifies landmarks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retains orientation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solicits aid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discriminates between the sounds of small automobiles, city buses, and delivery trucks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Familiar with city travel / public transportation

ORIENTATION AND MOBILITY FORM

Community Travel Skills

Y	NW	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates crosswalks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates Cars
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determines safety/danger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knows when to cross
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sees pedestrian signals/traffic lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can see the white lines of a crosswalk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remains in crosswalk when crossing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Properly align for a street crossing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knows the meaning of traffic signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Curb or drop-off detection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uneven surface
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changes in lighting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel in congested area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates entrances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates departments in stores
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicates with desk clerk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates cashiers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proceeds through lines in stores
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Makes change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates exits

Familiar Environments (School)

Y	NW	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates building
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates rooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locates unfamiliar rooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel without tripping or bumping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negotiate steps, curbs, ramps safely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel/walk safely without assistance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participates in P.E.

Y	NW	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eat and drink a typical meal or snack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manage clothes, including fasteners
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pursue hygiene activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pursue written tasks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set-up and clean up

ADDITIONAL INFORMATION:

Return this form to Teri Schmidt at least **THREE WEEKS** prior to the clinic date.

Please scan & email, or fax to:

Teri Schmidt, Administrative Assistant
 Children's Low Vision Project of British Columbia
 Phone (250) 870-5145 Fax (250) 870-5080
teri.schmidt@sd23.bc.ca

