



## 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	
<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 stores, or congested areas
<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](mailto:teri.schmidt@sd23.bc.ca)

