



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**

Knows home address and phone number

Travel independently in familiar neighbourhood

Describe home neighbourhood e.g. (rural)

Describe their visual impairment

Follows directions

Identifies landmarks

Retains orientation

Solicits aid

Discriminates between the sounds of small automobiles, city buses, and delivery trucks

Familiar with city travel / public transportation

Community Travel Skills

Y NW N

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

Familiar Environments (School)

Y NW N

Locates building
Locates rooms
Locates unfamiliar rooms
Travel without tripping or bumping
Negotiate steps, curbs, ramps safely
Travel/walk safely without assistance
Participates in P.E.

Eat and drink a typical meal or snack
Manage clothes, including fasteners
Pursue hygiene activities
Pursue written tasks
Set-up and clean up

ADDITIONAL INFORMATION:

GLARE ASSESSMENT

Glare is recognized as a main contributor to reduced vision to bright environments. Different environmental conditions can produce varying types of glare. For all types of glare, a hat with a 3 inch brim can substantially reduce glare. Please comment on any of the glare issues you have observed, noting whether a hat is being worn.

1. Discomfort Glare – student squints when facing medium/bright light outdoors
2. Dazzling Glare – student is abnormally sensitive to light and complains that it is too bright outside
3. Spectral Glare – student squints or is sensitive to light around water or snow