



THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*

DISTRICT 75
DR. SUSAN ERBER, *SUPERINTENDENT*

Parent Consent for Outdoor Independent Travel

Date _____

Student Name _____

OSIS _____

Home Address _____

Home Telephone _____

School _____

School Telephone _____

Based on your child's performance during orientation and mobility lessons, and evaluations conducted by two members of the EVS orientation and mobility staff, your child is being recommended for the outdoor independent travel checked below. This independent travel recommendation applies only to the travel that has been checked.

Independent travel means that your child can travel outdoors without being accompanied, monitored, or supervised by the NYC Department of Education. It also means that your child can travel without using NYC Department of Education bus transportation for the trips he or she can perform independently. This recommendation requires your consent and signature to take effect.

Feel free to contact the orientation and mobility teacher, EVS vision teacher, or borough supervisor to review these recommendations. Return your signed consent to your child's orientation and mobility teacher or vision teacher. Do not sign this if you do not want your child to travel independently outdoors.

_____ Student name _____ is recommended for independent travel for:

_____ Trip from home to school

_____ Trip from school to home

_____ Round trip between home and school

_____ Other

Specify route in detail: _____

Student uses:	Cane	_____	Yes	_____	No
	Subways	_____	Yes	_____	No
	Buses	_____	Yes	_____	No

O&M teacher signature _____ Date _____

I have read and understand this recommendation regarding my child's independent travel. I give consent for my child to travel independently for the travel tasks that appear above.

Parent signature _____ Date _____

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