



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

DISTRICT 75  
DR. SUSAN ERBER, *SUPERINTENDENT*

**Consent for EVS Orientation and Mobility Instruction**

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**School** \_\_\_\_\_ **School Telephone** \_\_\_\_\_

I give consent for my child, \_\_\_\_\_, to participate in orientation and mobility instruction. This instruction will address my child's need to learn the specific skills and techniques he or she needs as a blind or visually impaired student for safe and effective travel in school and in the community. My child's orientation and mobility instruction will be provided by a teacher of orientation and mobility on the staff of Educational Vision Services (EVS). Instruction will take place in my child's school, the neighborhood near my child's school, and on public transportation, when appropriate. Orientation and mobility instruction may include work with specialized devices, such as a long cane, or low vision optical aids. I understand that the EVS orientation and mobility teacher will accompany my child at all times during his or her orientation and mobility lessons.

In the event that there are any incidents that affect my child's safety during the course of his or her orientation and mobility lessons, I specifically give consent for the EVS orientation and mobility teacher to obtain appropriate assistance for my child in accordance with the procedures of the New York City Department of Education. Accordingly, I agree to provide the information requested below along with my signature.

You can reach your child's orientation and mobility teacher by leaving a message at Educational Vision Services at 917-256-4259, or through your child's classroom teacher or teacher of the visually impaired. Please feel free to contact EVS if you have any questions or concerns.

**Parents, please provide the information requested below, sign, and then date this form. Return it to school with your child.**

**Parent's Name** (Please print) \_\_\_\_\_

**Parent daytime telephone** \_\_\_\_\_

**Emergency contact person** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Student's physician** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Consent Request Prepared By** \_\_\_\_\_ **Date** \_\_\_\_\_