

**Educational Vision Services  
Referral for Travel Training Evaluation**

<b>Student:</b>	<b>Date:</b>
<b>OSIS</b>	<b>School:</b>
<b>DOB:</b>	<b>Address:</b>
	<b>Telephone:</b>
<b>EVS O&amp;M Teacher:</b>	<b>EVS Vision Teacher :</b>
<b>Visual Impairment:</b>	
<b>Visual Acuity:</b>	
<b>Medical Alerts:</b>	
<b>Other Mobility/Support Aids (List):</b>	
<b>Reason for referral:</b>	
<b>EVS Dynamic Functional Vision Assessment (Attached) completed by:</b>	
<b>Assessment Date(s):</b>	
<b>Location of Assessment Activities (Provide specific location/brief description):</b>	
<b>Travel Along A Sidewalk</b>	
<b>Steps &amp; Stairways</b>	
<b>Ramps</b>	
<b>Escalators</b>	
<b>Intersections(s) without traffic control</b>	
<b>Intersection(s) with stop signs</b>	
<b>Intersection(s) with traffic lights</b>	