

**EVS Orientation and Mobility
Outdoor Independent Travel Recommendation Form**

Student _____		School _____		Date _____	
OSIS _____		O&M Teacher _____			
Route: Starting Point _____			Destination _____		
O&M Technique(s) Used by Student _____		Primary O&M Teacher _____		Observing O&M Teacher _____	
<i>Check all that apply for each observation date</i>		Date #1	Date #2	Date #3	Observing Date
Enter dates of each observation in the appropriate column					
Human guide					
Cane techniques					
Low vision aids					
Available vision					
Street crossings without traffic control					
Street crossings with traffic control					
Bus travel					
Subway travel					
Interaction with the public					
Student Performance Rating Scale					
<i>Enter the rating that best describes student performance during observation for each date</i>					
5 = Always, 4 = Almost Always, 3 = Sometimes, 2 = Almost Never, 1 = Never, NA = Not Applicable					
Observation Ratings _____		Primary O&M Teacher _____		Observing O&M Teacher _____	
<i>Enter student performance rating for each skill on each date</i>		Date #1	Date #2	Date #3	Observing Date
Enter dates of each observation in the appropriate columns					
Student explains route correctly (Enter Y or N only)					
Student utilizes O&M tools and techniques correctly					
Student recognizes and uses cues, clues, and landmarks correctly					
Student detects and negotiates obstacles/dropoffs correctly					
Student demonstrates correct street crossings					
Student utilizes public transportation correctly					
Student recognizes and corrects errors, veer, and disorientation					
Student interacts with public appropriately					
Student deals with unanticipated events correctly					
Student requests/declines assistance correctly					
Student remains oriented to the travel route					
Student arrives at desired destination in a timely manner					
Student is recommended for travel clearance along this route ____ Yes ____ No					
Signatures: Primary O&M instructor _____		Date _____		Observing O&M Instructor _____	
Signature: EVS Supervisor _____		Date _____		Date _____	