



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

DISTRICT 75
BONNIE BROWN, SUPERINTENDENT

EVS Orientation and Mobility (O&M) Independent Travel Agreement

I understand that I have been cleared by Educational Vision Services (EVS) to travel on my own
_____ to school
_____ home from school
_____ for community travel

This clearance was granted based on my performance during orientation and mobility lessons, parental consent, and demonstrating to the EVS O&M staff and administration that I travel correctly and according to EVS requirements.

I understand that when I travel independently, it is my responsibility to:

- Use the route(s) for which I have been cleared to travel to or from school
- Use the appropriate travel tools, e.g., long cane, monocular, sunglasses, visor, etc.
- Inform my teacher(s) and parents immediately if there are conditions that require me to change the route(s) I use between school and home
- Inform my teacher(s) and my parents immediately if I feel there is a change in my vision
- Ask my parents and teachers any questions I may have about traveling independently

I also understand that the EVS staff can re-evaluate my skills and the status of my travel clearance if my O&M skills or my travel needs change, and that I am free to contact my EVS O&M teacher at any time by calling the EVS Office at 917-256-4259.

As an independent traveler, I wish to add the following comments: _____

As the O&M teacher, I wish to add the following comments: _____

Student Name

O&M Teacher

Student Signature

O&M Teacher Signature

Date

Date

Cc: EVS Supervisor
IEP Folder
Student's parents

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