

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

Student Name \_\_\_\_\_ OSIS \_\_\_\_\_ School \_\_\_\_\_ School Year \_\_\_\_\_  
 Completed by \_\_\_\_\_ EVS O&M Teacher Date \_\_\_\_\_  
 Reviewed by \_\_\_\_\_ EVS Supervisor Date \_\_\_\_\_

**O&M Technique(s) Used by Student**  
*(Check all that apply)*

\_\_\_\_\_ Human guide technique \_\_\_\_\_ Arm and hand trailing techniques \_\_\_\_\_ Cane techniques \_\_\_\_\_ Functional travel vision

**Student Travel Performance**

*(Enter the rating that best describes student performance)*

*4= Always, 3 = Sometimes, 2 = Almost never, 1 = Never, NA Does not apply*

Travel Task	Rating	Signature/Date	Rating	Signature/Date
Student explains route(s) correctly				
Student utilizes O&M tools and techniques correctly				
Student utilizes functional travel vision correctly				
Student identifies and travels correctly on steps and stairs				
Students recognizes and uses cues, landmarks, reference systems appropriately				
Student interacts appropriately with peers in school classrooms, hallways, and other common use areas during travel				
Student solicits assistance appropriately, as needed				
Student deals with unanticipated events correctly				
Student arrives at desired destination in a timely manner				

Based on student performance, as rated above, \_\_\_\_\_ is recommended for travel clearance in school under conditions of typical school supervision for *(Check all that apply)*:

\_\_\_\_\_ Specific travel route(s) in school (specify) \_\_\_\_\_

\_\_\_\_\_ Unlimited travel within the school building

Approved by \_\_\_\_\_ O&M Teacher Date \_\_\_\_\_ Approved by \_\_\_\_\_ Supervisor Date \_\_\_\_\_

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