



**Consent for EVS Orientation and Mobility Evaluation**

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

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

I give consent for my child, \_\_\_\_\_, to participate in an orientation and mobility evaluation to address my child’s need for specialized instruction in safe and effective school and community travel skills for students who are blind and visually impaired. Evaluation activities will be conducted by a teacher of orientation and mobility on the staff of Educational Vision Services (EVS), and may take place in my child’s school, the neighborhood near my child’s school, and on public transportation, when appropriate. During this evaluation my child may be asked to work with specialized devices, such as a long cane, or low vision optical aids. I understand that the teacher who carries out this evaluation will be with my child throughout the evaluation, and that I will be notified regarding the outcome of this evaluation.

In the event that there are any incidents that affect my child’s safety during this evaluation, 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 contact the orientation and mobility teacher who will be conducting your child’s evaluation by leaving a message at Educational Vision Services (EVS) 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’s daytime telephone** \_\_\_\_\_

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

**Student’s physician** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Preferred days/time for a telephone conference regarding this evaluation \_\_\_\_\_

**Parent’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Consent Request Prepared by** \_\_\_\_\_ **Date** \_\_\_\_\_