



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

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

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

**My Mobility Tools** (check all that apply):

\_\_\_\_\_ mobility cane \_\_\_\_\_ available vision

\_\_\_\_\_ mobility cane and available vision \_\_\_\_\_ other

**I understand that I have been cleared by Educational Vision Services (EVS) to travel on my own in school, as follows:**

\_\_\_\_\_ travel along specific routes in school in specific conditions (described below)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ unlimited travel within the school building

**I understand that when I travel independently in school it is my responsibility to:**

- Use only the route(s) for which I have been cleared
- Use my travel tools correctly at all times
- Inform my teacher(s) and parents immediately if I feel there is a change in my vision
- Ask my teacher(s) and parents any questions I may have about traveling independently

**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:** \_\_\_\_\_ **Student's Signature:** \_\_\_\_\_

**O&M Teacher Name:** \_\_\_\_\_ **O&M Teacher's Signature:** \_\_\_\_\_

Cc: EVS Supervisor                      Student's Parents  
Principal  
IEP Folder