



Orientation and Mobility Progress Report

Student Name:
Date of Birth:
O&M Teacher:

OSIS:
School:
O&M Mandate:
MP Mandate? ___Yes ___No

Alerts:
Cause of Vision Impairment:

Best Corrected Acuity:
Near Vision
Distance Vision:

Visual Fields:

Wears Glasses? _____ Yes _____ No

Functional Travel Vision? _____ Yes _____ No

Low Vision Aids: _____

Cane Traveler: _____ Yes _____ No

Cane Size: _____ Tip Style: _____

In-School Travel Clearance? _____ Yes _____ No
Date:

Community Travel Clearance? _____ Yes _____ No
Date:

Fire Drill Procedures Reviewed
Date:

I. O&M Progress Summary:

O&M Skills and Techniques

Motor Kinesthetic Skills

Sensory Skills

Orientation and Social Skills



Orientation and Mobility Progress Report

Safety Skills

School Travel Skills

Community/Public Transportation Skills

II. Recommendations

Terminate O&M teacher mandate (MT) _____ Yes _____ No

Modify O&M teacher (MT) mandate _____ Yes _____ No

Recommended MT mandate _____

Initiate mobility paraprofessional mandate (MP) _____ Yes _____ No

Terminate mobility paraprofessional (MP) mandate _____ Yes _____ No

IEP Recommendation Submitted to EVS Supervisor Date: _____