



Orientation and Mobility Evaluation Request

Students who are **blind and visually impaired** may require specialized related services in orientation and mobility for safe and independent travel for school activities. A decision to recommend services in orientation and mobility to the Committee on Special Education is based on the results of an evaluation conducted by the orientation and mobility staff at Educational Vision Services (EVS).

To request an orientation and mobility evaluation for a student who is **blind or visually impaired** submit this **Orientation and Mobility Evaluation Request** form along with signed parental consent and an up to date eye report to an EVS supervisor or the EVS Director in person or by fax at 917-256-4230.

Evaluation Request Date _____

Student Name _____ OSIS _____

Date of Birth _____ IEP Classification _____

School _____

School Contact _____

School Address _____

School Phone _____ School Fax _____

Reason for this request (attach additional sheet if needed) _____

Request submitted by _____ Title _____

Telephone _____ E-mail _____