



Orientation and Mobility Evaluation Report

Student:
DOB:
Date of Report:

OSIS:
Date of Testing:
Evaluator:

Background Information and Reason for Referral

Assessment Activities

Current Travel Skills/Level of Performance

Current Sensory and Motor Kinesthetic Skills/Level of Performance

O&M Related Concept Development, Orientation, & Social Skills

Safety Skills

Discussion and Recommendations

Teacher's Signature _____
Teacher's Name

Date _____

IEP Page 5.1: Health and Physical Development

O&M Annual Goals and Objectives