



**Exchange of Information - Orientation and Mobility Instruction**

This form is for the exchange of information by those involved in the orientation and mobility instruction for students attending NYC DOE schools.

I, \_\_\_\_\_,  
give my permission for the O&M teachers listed below to exchange relevant information including IEP's, FVA's, Educational Evaluations, and OT/PT information about my son/daughter \_\_\_\_\_ for the purpose of clear communication and coordinated services in orientation and mobility.

I understand that the O&M teachers may consult with one another to discuss my son/daughter's progress, O&M goals, and instructional approaches.

This exchange of information form recognizes that professional confidentiality will be maintained by all parties.

Signature of Parent \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_  
Date \_\_\_\_\_

Signature of DOE O&M Teacher \_\_\_\_\_  
Date \_\_\_\_\_

Signature of non-DOE O&M Teacher \_\_\_\_\_  
Date \_\_\_\_\_

Name of Agency/Organization \_\_\_\_\_