



Parent Consent for Continuation of Indoor Independent Travel

Date _____

Student Name _____ OSIS _____

Home Address _____ Home Telephone _____

School _____ School Telephone _____

Based on _____'s performance during orientation and mobility lessons, it is recommended that _____ continue to travel independently within his/her school or job site as checked below. This independent travel recommendation applies only to the travel that has been checked and specified.

Independent travel in school means travel that takes place outside of your child's classroom in school or at a job site during the school day in accordance with school policy, under conditions of typical school supervision, and without the one-to-one participation of school personnel. This recommendation requires your consent and signature to take effect.

Feel free to contact the orientation and mobility teacher, EVS vision teacher, or EVS supervisor to review this recommendation. Return your signed consent to your child's orientation and mobility teacher or vision teacher. Only sign this if you want your child to travel independently indoors.

Student name _____ is recommended for independent travel for:

_____ **Travel within school or job site** _____ **Other**

Specify route in detail _____

Student uses: **Cane** _____ **Yes** _____ **No**

O&M Teacher signature _____ **Date** _____

I have read and understand this recommendation regarding my child's independent travel. I give consent for my child to travel independently for the travel tasks that appear above.

Parent signature _____ **Date** _____

Cc: School Principal