Checklist for O&M Referral

Student Name:_____________________________________       Referral Date: ______________________

Student’s School:___________________________________      Referral Made by:___________________

The following reason(s) necessitates an O&M referral:

• student’s primary reading media is braille or audio
• student’s vision report includes severely restricted visual fields
• student’s vision report includes night blindness
• student’s vision has deteriorated within a one year span
• student’s vision fluctuates under different lighting conditions

The following behavior(s) have been noted and require O&M assessment consideration:

• student needs extra time to travel between classes
• student hesitates to walk the middle of hallways
• student hesitates to use alternate/ unfamiliar routes
• student’s programming includes community activities
• student walks with a cautious or timid gait
• student consistently uses hands in a protective manner when walking
• student requires verbal feedback regarding walking terrain
• student walks with an adult to classes, cafeteria, playground.
• student is not able to verbalize directions to his/her house (age approp.)
• student required assistance in orienting himself/herself to school campus
• student veers around objects by using a larger than normal margin
• student demonstrates inappropriate sighted guide techniques
• student bumps into or brushes items in the environment (desks, doorways, etc.)
• student unduly hesitates at steps, curbs or uneven ground elevations
• student hesitates at changes in floor color contrast or uses a “foot slide”
• student does not situationally monitor speed

Completion of this form does not guarantee future O&M services rather it indicates a concern for O&M assessment and/or referral. O&M services will be based on individual needs as recognized by the mobility specialist.