## **EVS Orientation and Mobility Screening**

Student NameO			OSIS#	Date of Birth	
Screening Completed by			Title	Date of Screening	
point va Explain	lue in the any N/A	column marked Score. Check N	for each inc for multip	sual functioning. Check Y for each correct statement and score the full correct statement and award zero points for the item in the Score column. ly and/or cognitively impaired student is not appropriate because student ormal vision, check here.	
Y	N	N/A- Explain	Point	Screening Statements	Score
		•	Value	8	
			3	1. Does not require sighted guide to travel.	
			3	2. Avoids stationary objects before contact.	
			1	3. Avoids moving objects before contact.	
			1	4. Locates unoccupied seat.	
			3	5. Easily learns to travel in new settings.	
			2	6. Glare or bright light does not affect travel.	
			2	7. Diminished illumination does not affect travel.	
			3	8. Efficiently & accurately detects drop-offs, steps, curbs, and ramps.	
			2	9. Efficiently locates landmarks.	
			2	10. Independently walks in home neighborhood.	
			3	11. Safely crosses streets.	
				Total Score	
*Score	below 16	indicates a probable need for an C	) & M eval	uation	
Check t	he approp	riate statements:			
Based o	n the find	ings, an orientation and mobility	evaluation i	is recommended Is not recommended	
Withou	consider	ation of the student's performance	e, the parent	t is requesting an orientation and mobility evaluation	
				oservation, student, teacher, or parent interview. Form may be completed	
by visio	n teacher	IEP team personnel, O & M tea	cher. For a	uestions concerning O & M teaching consult with an O & M teacher or	

(Adapted from the Orientation and Mobility Screening, with permission, Association for the Education and Rehabilitation of the Blind and Visually Impaired, Division IX, Arlington, VA.)

EVS supervisor.