

3306 West _____ Avenue
Littleton, Colorado 80123
794-2721



LITTLETON PUBLIC SCHOOLS

_____ Initial Referral _____ Reevaluation

_____ Recommended for Orientation and
Mobility Instruction/Consultation

_____ Not Recommended for Orientation
and Mobility Instruction/
Consultation

DIAGNOSTIC EVALUATION FOR ORIENTATION AND MOBILITY

STUDENT _____ ID# _____ SCHOOL _____

SEX _____ DATE OF BIRTH _____ AGE _____

DATE(S) OF EVALUATION: _____

Previous Years of O&M:

Etiology of Visual Impairment:

Additional disabilities:

Able to walk or self-propel wheelchair:

DISTANCE ACUITY:

DIRECTIONAL CONCEPTS:

body parts _____

left/right body parts _____

able to follow two-step left/right directions _____

compass directions _____

able to follow two step route using compass directions _____

INDOORS:

basic sighted guide skills, including stair and door
negotiation:

ability to adapt/travel in various lighting conditions:

degree of independence within school building:

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DIAGNOSTIC EVALUATION FOR ORIENTATION AND MOBILITY

independent stair negotiation:

OUTDOORS:

environmental concepts (i.e., curb, street, sidewalk,
alley, bus stop, crosswalk, etc.)

safety awareness (i.e., stops at curbs, checks at alleys
in residential areas, etc.):

ability to travel one block and reverse route:

ability to cross a residential street:

ability to follow an L-shaped route for three blocks and
locate a specific house number:

ability to cross intersections with traffic lights:

ask the student about the ability to travel by U. S. S.
or RTD independently, including route planning:

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DIAGNOSTIC EVALUATION FOR ORIENTATION AND MOBILITY

FUNCTIONAL VISION:

use of monocular aid:

able to read house numbers from sidewalk _____
able to read street sign from same corner _____
able to read street sign from opposite corner _____

POSTURE AND GAIT:

ADDITIONAL COMMENTS:

RECOMMENDATIONS:

Orientation and Mobility Specialist

Date

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT
NO. 1234

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