**IEP Checklist**

**Orientation and Mobility**

**PLAAFP:**

* “Recent evaluation results”
	+ Include a paragraph labeled “Orientation and Mobility” with current skill sets and assessment results
	+ Include statement on safety and independent travel abilities. If student is NOT safe for INDEPENDENT, UNSUPERVISED travel, please note such.
* “Effect of the student's disability on involvement and progress in the general curriculum (for preschool children, how the disability affects participation in appropriate activities)”
	+ Include “IEP STATEMENT”

**Educational Needs:**

* “Supplementary aids and services”
	+ Orientation and Mobility Services
	+ List appropriate O&M equipment (AMD, White Cane)
	+ If appropriate, include: “Adaptive P.E. equipment (such as beeper ball, sound source, slo-mo balls, etc.) and/or activity modification as needed.”
* “Modifications or supports for school personnel”
	+ Orientation and Mobility Consultation

**Annual Goals:**

* List appropriate goals and associated objectives.

**Related Services:**

* Complete the appropriate Michigan Severity Orientation and Mobility worksheet to determine service levels
* Add “Visually Impaired Orientation and Mobility Services” with appropriate service frequency and lesson length
* Mark lesson time in “SPED LOCATION” area

**Program Participation:**

* “Extent and justification for the child not participating with General Education peers”
	+ Include statement: “Students learn Orientation and Mobility skills best in the natural environment of the community. Most lessons will take place outside the classroom and/or at off-campus locations. Such off-campus lessons may include OPS and/or Metro transportation services.”