**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.**