



## ORIENTATION & MOBILITY SEVERITY SUMMARY

Student _____	Birthdate _____
Grade/Program _____	O&M Specialist _____
Grade/Program _____	O&M Specialist _____
Grade/Program _____	O&M Specialist _____

Date Completed _____	Date Completed _____	Date Completed _____
Date Completed _____	Date Completed _____	Date Completed _____
Date Completed _____	Date Completed _____	Date Completed _____

### RECOMMENDATIONS OF SERVICES

DATE	SEVERITY RATING	FREQUENCY	MIN/WEEK

SEVERITY SCORE	SEVERITY RATING	FREQUENCY OR MINUTES / WEEK
0 – 17	1	1 – 5 times / year
18 – 34	2	1 – 2 times / month 20 – 60 minutes each
35 – 50	3	1 – 2 times / week 30 – 90 minutes each
51 – 66	4	3 or more times / week 20 – 90 minutes each

### PROFESSIONAL JUDGMENT FACTORS

1. \_\_\_ Posture, gait and motor development
2. \_\_\_ Physical or cognitive disabilities
3. \_\_\_ Nature of eye disease / condition
4. \_\_\_ Transition to new, neighborhood, worksite, etc.
5. \_\_\_ Recent vision loss
6. \_\_\_ New, hazardous, complex or difficult environment
7. \_\_\_ Potential for independence
8. \_\_\_ Age of onset of blindness
9. \_\_\_ Maturity and motivation
10. \_\_\_ Parental concern / input
11. \_\_\_ Travel time needed to transport student to area of instruction
12. \_\_\_ Other (explain)\_\_\_\_\_.