ORIENTATION AND MOBILITY PROFESSIONAL SERVICE LOG

STUDENT _____ DOB _____ SERVICE MONTH/YEAR: _____

PRACTITIONER'S NAME: _____ TITLE: _____

LOCATION _____ SIGNATURE: _____ DATE: _____

DIAGNOSIS _____ SUPERVISOR _____ DATE: _____

SERVICE	DATE																TOTAL
TREATMENT Refer to the keys below for an explanation of the Treatment Codes and Progress Indicators	TIME																
	Treatment CODE																
	TYPE OF SERVICE	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	INDIV GROUP	
	Progress Indicator	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	I S N R	
Teacher Contact	TIME																
Instructional Aide Contact	TIME																
Parent Contact	TIME																
Equipment	TIME																
SET UP	TIME																
Charting and Report Writing	TIME																
MDT Planning	TIME																
TRAVEL	TIME																
Other (explain)	TIME																
TOTAL																	

TREATMENT CODES:

BVMS - Basic Visual Motor Skills **BVP**- Basic Visual Perception
ME- Moving Through Environment **IDS**- Id Of Safety And Info Signs
LC- Location Of Commercial Services **iDL** - Id Of Landmarks
SO- spacial orientation **TT**- Telling Of Time
CS- methods of crossing streets **MM**- map making
SE- School Environment Familiarization
PLA- Practial Living Awareness **AA**- Age Appropriate Social Skills

STUDENT TREATMENT PROGRESS *(descriptive statements must be provided on a monthly basis)*

PROGRESS INDICATOR KEY

M - mastered
I - Improvement
S - Slight Improvement
N - No Change
R - regression