

ORIENTATION & MOBILITY SEVERITY SUMMARY

Student _____		Birthdate _____	
Grade/Program _____	O&M Specialist _____	Date Completed _____	
Grade/Program _____	O&M Specialist _____	Date Completed _____	
Grade/Program _____	O&M Specialist _____	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) _____.