

Orientation and Mobility Checklist - Additional Screening

O&M

Name _____ Completed by _____ Date _____

Please check as appropriate the student:

- Student's visual acuity is less than 20/200 in the better eye after best correction.
- Student has difficulty adjusting to changes in light intensity (bright sunlight to dim indoor light or vice versa).
- Student stumbles over low obstacles, steps, and drop-offs.
- Student veers and "pinballs" while walking down a hallway or corridor.
- Student becomes disoriented in new environments.
- Student maintains contact with wall with hand while walking.
- Student would rather hold hand or arm of another person while traveling in new environments.
- Student veers onto grass while walking on a sidewalk.
- Student becomes disoriented on reverse route back to starting point.
- Student holds head at an angle while walking.
- Student makes body contact with walls and other obstacles; bumps into other students.
- Student uses hands to detect and avoid obstacles while walking.
- Student uncertain or apprehensive about crossing at traffic intersections.
- Student has difficulty determining cardinal directions using sun position.
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******If three or more statements are checked, the student should be referred to a certified orientation and mobility instructor for formal assessment.******