

ORIENTATION AND MOBILITY SCREENING MULTI IMPAIRED SEVERE AND PROFOUND

DATE: _____
 STUDENT: _____ O&M SPECIALIST: _____ TVI: _____
 Does the student have vision? _____
 Visual Acuity _____
 Does the Student:
 Travel independently: _____yes _____no _____in classroom _____in school _____at home
 Had previous O&M training _____yes _____no _____If yes, date and location _____
 Follow simple commands (stop, come here) _____yes _____no
 Use low vision aids (i.e., telescopes): _____

	YES	NO	NOTES
LEVEL OF ALERTNESS:			
(circle one): Asleep Drowsy Restful alert Attentive Interactive alert			
BODY AWARENESS:			
Responds to touch			
Initiates purposeful movement			
Plays with hands/feet			
Assists in dressing/changing			
BODY CONTROL			
Holds head up			
Reaches for object			
Moves body toward object (uses vision or hearing?)			
Sits supported			
Sits unsupported			
BALANCE, STANCE & GAIT			
Stands with support			
Stands unsupported			
Walks with assistance (explain in notes)			
Walks unsupported (explain in notes)			
Gait (explain in notes)			
Mode of travel (eg: wheelchair, walker)			
UPPER EXTREMITY CONTROL			
Independently moves hands			
Visually directed reach and grasp			
Maintains grasp			
Brings object to mouth			
Crosses midline			
Transfers object from one hand to other			
METHOD OF COMMUNICATION			
Non-verbal			
Gestures			
Verbal			
Object/picture symbols			
ATTITUDES & BEHAVIORS			
Cooperative			
Passive			
Aggressive (to self) (to others)			
Other:			

