**ORIENTATION AND MOBILITY EVALUATION**

**Child’s Name**

**Date of Birth:**

**Date of Report:**

**Chronological Age:**

**Demographics:**

**Vision Diagnosis:**

**Background:**

* **Movement Concerns:**
* **Safety Concerns**:
* **Justification for O&M Service:**

 **Orientation and Mobility Inventory**

1. **Orientation Skills:**

**Next Steps:**

1. **Mobility Skills:**

**Next Steps:**

1. **Concept Development:**

**Next Steps:**

1. **Perceptual Skills:**

**Next Steps:**

1. **Cane Skills:**

**Next Steps:**

1. **Communication Skills:**.

**Next Steps:**

**Summary:**

**It has been a pleasure working with , please contact me at should you have any questions or concerns.**

**COMS**