



Older Individuals who are Blind – Technical Assistance Center

## Society for the Blind and Visually Impaired

### ORIENTATION AND MOBILITY EVALUATION

#### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Instructor: \_\_\_\_\_

General Health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior Rehabilitation Training? Yes No If yes, where? \_\_\_\_\_

\_\_\_\_\_

Currently using low vision aids? Yes No If yes, what type?

\_\_\_\_\_

Ambulatory? Yes No Assistive Device? Yes No

If yes, what type \_\_\_\_\_

Travel now? Yes No With assistance? Yes No

Stated areas of challenge (stairs, curbs, depth perception, disorientation):

\_\_\_\_\_



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Current travel environment: \_\_\_\_\_

Uses Public Transportation? Yes No

What types? \_\_\_\_\_

Other transportation needs \_\_\_\_\_

## Indoor Evaluation

Home safety assessment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Room orientation \_\_\_\_\_

Lighting conditions \_\_\_\_\_

Independent travel in home? Yes No

Methods of travel in home (visual, trailing, guide assistance,  
cane)

\_\_\_\_\_

Fire Exit(s) (Pathways to Safety) \_\_\_\_\_

Human Guide Instruction \_\_\_\_\_

Identification of visual impairment (tape cane/walker)

(End assessment here if client does not intend to travel independently outdoors.)

## Outdoor Evaluation

Evaluation setting: \_\_\_\_\_

Lighting conditions: \_\_\_\_\_

Rural Residential Semi-Business Business Sidewalks  
No Sidewalks

Street Crossings: Not controlled Stop Sign Traffic Light

Detects curbs? (Blended, straight) Yes No

Detects obstacles? Moving Non-Moving

Detects uneven pavement? Yes No

Maintains safe walking position (centered on sidewalk, follows  
shoreline, next to curb) Yes No

Reads street signs, house numbers/address, etc.) Yes No

Street Crossings:

Detection of traffic: Yes No Auditory Visually

Determines when to cross: Yes No

Veered on crossing? Yes No

Safety on crossings? Yes No

## Outdoor Evaluation/Orientation

Knows cardinal directions	Yes	No
Knows directional position of the sun	Yes	No
Knows direction home is facing	Yes	No
Knows basics of address numbering system	Yes	No
Knows major streets in area	Yes	No
Knows routes to important places	Yes	No

Does client currently use cane: Yes No

Type of cane: \_\_\_\_\_

Technique(s) used: \_\_\_\_\_

Observation of current cane skills: \_\_\_\_\_

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## O&M Recommendations

O&M Services Recommended?    Yes    No

Services Accepted?                      Yes    No

Goals (Determined by Client and Instructor)

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Approximate service delivery time: \_\_\_\_\_

GOALS

MET

DATE