

**MOBILITY SCREENING FOR PERSONS WHO ARE BLIND OR HAVE LOW VISION**

**Name:**

**DOB:**

**Diagnoses:**

**Hearing:**

**Current Travel Skills:**

Ambulatory \_\_\_\_\_ Wheelchair \_\_\_\_\_ Other (describe) \_\_\_\_\_

Sighted Guide: \_\_\_\_\_ in home \_\_\_\_\_ out of home \_\_\_\_\_ does not use

Trailing: \_\_\_\_\_ in home \_\_\_\_\_ out of home \_\_\_\_\_ does not use

Voice Trailing: \_\_\_\_\_ in home \_\_\_\_\_ out of home \_\_\_\_\_ does not use

Self Protective Techniques: \_\_\_\_\_ in home \_\_\_\_\_ out of home \_\_\_\_\_ does not use

Techniques for squaring off/aligning: \_\_\_\_\_ in home \_\_\_\_\_ out of home \_\_\_\_\_ does not use

Cane techniques: \_\_\_\_\_ in home \_\_\_\_\_ out of home \_\_\_\_\_ does not use

Comments/observations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Environmental Awareness (Indicate “yes” or “no”; add “comments” if needed to explain or describe how person accomplishes the task):**

- \_\_\_\_\_ Does loud noise cause person to become upset?
- \_\_\_\_\_ Can person find water fountain or a source for getting a drink?
- \_\_\_\_\_ Can person maneuver around furniture and fixtures safely and independently?
- \_\_\_\_\_ Can person find home’s entrance door from familiar outdoor location such as from car in driveway?
- \_\_\_\_\_ Can person find the exit doors from inside home for emergency exiting?
- \_\_\_\_\_ Can person locate beginning and ending steps of stairway and use stairs safely and independently?

Independently Locates: \_\_\_\_\_ dining area \_\_\_\_\_ bathroom \_\_\_\_\_ bedroom  
\_\_\_\_\_ living room \_\_\_\_\_ favorite chair

Aware of Outdoor Environmental Hazards: \_\_\_\_\_ curbs \_\_\_\_\_ terrain changes \_\_\_\_\_ listens for moving vehicles

- \_\_\_\_\_ Enters car or bus without assistance
- \_\_\_\_\_ Is hesitant to explore his/her environment

Comments/observations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Strategies Used By Person (include any adaptive equipment or assistive technology and level of assist needed, if any):**

Eating: \_\_\_\_\_

\_\_\_\_\_

Bathing: \_\_\_\_\_

\_\_\_\_\_

Dressing: \_\_\_\_\_

\_\_\_\_\_

Grooming: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Does person display fear, agitation or become resistive when walking in familiar or unfamiliar environments? Explain and describe: \_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date