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:  ____________________________________________________________

___________________________________________________________________________

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:

Outreach Services of Indiana
Becky Smitha, OTR, ATP

Signature Date Signature Date