



**2024 INDIANA REGIONAL CANE QUEST  
CONTEST APPLICATION FORM - SCOUTS  
CONTEST DATE: JANUARY 28, 2024**

**ORIENTATION AND MOBILITY SPECIALISTS, TO SUBMIT A STUDENT APPLICATION**

Complete this skills checklist and attach a signed and completed Parents' Permission Form and submit to: Indiana School for the Blind and Visually Impaired, 7725 North College Ave., Indianapolis, IN 46240, attn: Cara Burchett or [cburchett@isbvik12.org](mailto:cburchett@isbvik12.org). Please call 317-253-1481 x 189 if you are unable to print/scan/email.

Cane Quest seeks to motivate blind and visually impaired youth to practice proper safe travel techniques and overall orientation and mobility skills. It's designed to promote a student's confidence in any surrounding and build true mobility independence. **This form must be completed by an Orientation & Mobility Specialist** to validate the student's skill level and visual acuity. A separate form must also be signed by a parent or legal guardian for a student to participate.

**The Contest will be held on January 28, 2024.**

**CONTEST DESCRIPTION:**

1. Cane Quest, a program of Braille Institute, is open to visually impaired students in grades 3-6 who have received instruction in the use of the white cane, and who are both cognitively and physically able to walk independently for an hour at a time.
2. A student should be familiar with the skills on the checklist, but does not have to have mastered all of them.
3. A student's visual acuity must fall within the B1 through B2 classification range as defined by the United States Association of Blind Athletes.
  - **Class B1** - No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.
  - **Class B2** - From ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.
4. Students must use a white cane for this contest, and must wear closed-toe shoes.
5. Students will complete the route or checklist in partnership with a parent or other sighted volunteer, who will be under blindfold for sections of the route.
6. All participants will be monitored at all times throughout the program.

Student Name \_\_\_\_\_

O&M Specialist's Name \_\_\_\_\_

Specialist's Address \_\_\_\_\_

Specialist's Telephone \_\_\_\_\_ Specialist's E-mail \_\_\_\_\_

Name of School \_\_\_\_\_

Student's Age \_\_\_\_\_ Student's Grade \_\_\_\_\_ Vision Classification: B1 \_\_\_\_\_ B2 \_\_\_\_\_

**CONTESTANT'S NAME:** \_\_\_\_\_

### SKILLS CHECKLIST FOR CANE QUEST

This checklist is to be completed by a certified Orientation & Mobility Specialist. Each of the following skills should be assessed on a scale of 1-4, with 1 representing poor and 4 representing excellent, and based on average expectations for a student at grade level. Students are not required to be proficient in all skills to participate. Contestants are encouraged to seek assistance at any time during the contest if they are not confident performing any task. All skills apply to all eligible students in grades 3-6.

**Please circle one:**

Protective Techniques	1	2	3	4
Dropped Objects	1	2	3	4
Sound Localization	1	2	3	4
Sighted Guide Techniques	1	2	3	4
Hines Break	1	2	3	4
Changing Sides	1	2	3	4
About Face	1	2	3	4
Ascending and Descending Stairs	1	2	3	4
Care of the Cane	1	2	3	4

### CANE TECHNIQUES

Two Touch Technique	1	2	3	4
Touch and Drag Technique	1	2	3	4
Shoreline/Guideline Technique	1	2	3	4
Constant Contact Technique	1	2	3	4
Diagonal Technique	1	2	3	4

### BASIC TRAVEL

Walking in desired direction	1	2	3	4
Maintain straight line of travel	1	2	3	4
Use self correction techniques	1	2	3	4
Use appropriate cane techniques for moving around obstacles	1	2	3	4
Use appropriate cane techniques for ascending and descending stairs	1	2	3	4
Execute a route using directional instructions	1	2	3	4
Follow audio directions	1	2	3	4
Use landmarks for orientation	1	2	3	4
Reversal of route	1	2	3	4

Student's Signature: \_\_\_\_\_

Orientation and Mobility Specialist's Name: \_\_\_\_\_

Orientation and Mobility Specialist's Signature: \_\_\_\_\_

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