

**AMARILLO ISD  
ELIGIBILITY REPORT  
ORIENTATION AND MOBILITY**

\_\_\_\_\_  
DATE OF REPORT

\_\_\_\_ INITIAL ASSESSMENT  
\_\_\_\_ RE-EVALUATION  
\_\_\_\_ SPECIAL REQUEST (by ARD Committee)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ DOB \_\_\_\_\_

Reason for referral:

\_\_\_\_\_  
Summary of evaluation:

\_\_\_\_\_  
Educational benefit derived from Orientation and Mobility (i.e. to allow child to progress academically, functionally or vocationally):

\_\_\_\_\_  
Specific education objectives to be furthered by Orientation and Mobility:

YES NO

Assessment data indicate that this student is eligible for and needs Orientation and Mobility to benefit from education.

Direct / Consult \_\_\_\_\_

Frequency / Duration \_\_\_\_\_

YES NO Recommended goals and objectives to be implemented are included.

Signature \_\_\_\_\_

Position/Title \_\_\_\_\_