

Orientation and Mobility Services Log

Student's name: _____ Provider's name: _____
 Student's date of birth: _____ Service month/year: _____ Provider's title: _____
 School: _____ Provider's signature: _____ Date: _____
 Diagnosis/symptom(s): _____

Service	Date															
Treatment	Time															
	Treatment Code															
	Progress Indicator															
Teacher Contact	Time															
Instructional Assistant Contact	Time															
Parent Contact	Time															
Equipment Set Up	Time															
Charting and Report Writing	Time															
MDT Planning	Time															
Travel	Time															
Other	Time															
Total																

Treatment Key:
 BVMS - Basic Visual Motor Skills BVP - Basic Visual Perception
 ME - Moving through Environment IDS - ID of Safety and Info Signs
 LC - Location of Commercial Services IDL - ID of Landmarks SO - Spatial Orientation
 TT - Telling of Time CS - Methods of Crossing Streets
 SE - School Environment Familiarization MM - Map Making
 PLA - Practical Living Awareness AA - Age Appropriate Social Skills

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Progress Indicator Key:
 I - Improvement SI - Slight Improvement NC - No Change R - Regression

Monthly Notes must fully disclose the student's progress or outcome for the month in relation to the treatments provided and the medical/mental health-related goals in the IEP