Orientation and Mobility Services Log

Early Intervention School	Age 🗌		Page 1 of 2
School Name:			
Student's Name:	Date of Birth:	PA Secure ID	Service month/year:
Provider's Name:	Title:	Provider's Signature:	Date:
Diagnosis/Symptoms:			

Service	ce Treatment						Progress (Refer to keys below and on page 2 for an explanation on progress indicators and treatment codes)		
Date	Start Time	End Time	Total Time	Service Type	Treatment Key	Individual or Group	Progress Indicator Key	Description of Service (Daily Notes on Activity, Location, and Outcome)	

Service Type	Progress Indicator Key		
D- Direct Session	MN- Maintaining MS- Mastering		
DM- Direct Session: Make-up	RG- Regressing IN- Inconsistent		
Session	PR- Progressing		

Date: _____





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Treatment Key:

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1	Direct	Basic Visual Motor Skills
2	Direct	Basic Visual Perception
3	Direct	Moving through Environment
4	Direct	ID of Safety and Information Signs
5	Direct	Location of Commercial Services
6	Direct	ID of Landmarks
7	Direct	Spatial Orientation
8	Direct	Telling Time
9	Direct	Methods of Crossing Street
10	Direct	School Environment Familiarization
11	Direct	Map Making
12	Direct	Practical Living Awareness
13	Direct	Appropriate Social Skills
14	Direct	Exercises Related to Social Skills and Dealing with the Seeing World
15	Direct	Teaching Methods to Promote Safety in Moving About
16	Direct	Therapy Related to Visual Perception, Movement, Spatial Orientation
17	Direct	Training to Locate and Use Community Resources; such as Taking a Bus to School or Summoning Help in an Emergency Situation
18	Direct	Other Direct Service

