



ORIENTATION & MOBILITY
VISUAL IMPAIRMENT SCALE OF
SERVICE INTENSITY OF TEXAS

Steps for Completing the O&M VISSIT

1. Collect and review all relevant and current evaluations completed for the student.
2. Complete the **Information Sheet** before beginning the *O&M VISSIT*.
3. For the name of the student, put your last name + student 1, 2, etc. (e.g., Pogrund1), date of scale completion, and name of the COMS completing the scale.
4. Begin with the O&M Skill Area column. Read the O&M skill area for each area and subsection. (e.g., PURPOSEFUL MOVEMENT, COMMUNICATION, etc.)
5. Work from left to right across each row to fill in a value (0, 1, 4, 7, or 10) for both columns (Direct Instruction from COMS and Educational Team Support/Collaboration).
6. Put a score in each O&M skill area and subsection for both service areas in the boxes labeled PAGE TOTAL for Direct Column and PAGE TOTAL for Educational Team Support Column.

DO NOT DISTRIBUTE

Information Sheet

Person Completing Scale: _____ Years working as a COMS: _____

Complete the following information on each student considered when filling out the *VISSIT* on that student. **Mark each student with teacher’s last name and a number** (e.g., Pogrund1, Pogrund2, etc.) **in the upper right hand corner of this page, and put the same identification mark on the student’s scale so they can be matched.**

1. Age of student: _____
2. Grade of student: _____
3. Degree of visual impairment: _____
(totally blind, functionally blind [depends on non-visual sensory input], significant low vision, mild low vision, CVI)
4. Additional disabilities (as indicated in IDEA 2004, Part B):

AI – Auditory Impairment	
AU – Autism	
DB – Deafblindness	
ED – Emotional Disturbance	
ID – Intellectual Disability	
MD – Multiple Disabilities	
OI – Orthopedic Impairment	
OHI – Other Health Impairment	
LD – Learning Disability	
SI – Speech Impairment	
TBI – Traumatic Brain Injury	
NCEC – Non-Categorical Early Childhood	

5. Learning medium/media: _____
6. Current amount of service received in minutes and frequency: _____
7. School/service setting: _____
(general education classroom(s), life skills class, self-contained special education class, VI resource classroom, PPCD, home, etc.)

Instructions for Completing *O&M VISSIT*

7. Collect and review all relevant and current O&M and vision related evaluations completed for the student. This should include a current O&M evaluation, observation data, FVE/LMA, and ECC assessment information.
8. Fill in the name of the student, date of scale completion, and name of the O&M Specialist completing the scale at the top of the first page of the scale.
9. Begin with the O&M Skill Area column. Read each O&M skill area and subsection, if there are any (e.g., **PURPOSFUL MOVEMENT: Motor Skills, Basic Skills, and Cane Skills**).
10. Work from left to right for each O&M Skill Area to fill in a value (0, 1, 4, 7, or 10) for both columns (Direct Instruction from the O&M and Educational Team Support/Collaboration) to indicate level of student need. You must enter one of these five numbers for each O&M Skill Area area on the scale.
11. At the bottom of each column on each page, add the values and put the column total for that page in the boxes labeled **PAGE TOTAL for Direct Column, and PAGE TOTAL for Educational Team Support Column** for each page if you are entering scores by hand on a paper copy. If you are entering scores on the electronic pdf version of the *O&M VISSIT*, the numbers entered will automatically add up at the bottom of each page for you.
12. Add the values for each column from the **PAGE TOTAL** boxes on each page and enter the number in the boxes labeled **Column Subtotal** at the bottom of the last page of the scale for both Direct Instruction Column Subtotal (**box A**) and Educational Team Support Column Subtotal (**box F**) (see sample below). If you are entering scores by hand on a paper copy. If you are entering scores on the electronic pdf version of the *O&M VISSIT*, the numbers entered will automatically add up at the bottom of each page for you.
13. For the **Direct Instruction** column, determine whether or not **Transition** is a contributing factor to the student's educational needs to be addressed by the O&M Specialist. If the student is making a significant transition, write '+10' in the **Contributing Factor: Transition box (box B)** under the Direct Instruction Column Subtotal (**box A**). If transition is not a factor, write '0' in **box B** (see sample below).

COLUMN SUBTOTALS	Direct Instruction Column Subtotal		Educational Team Support/ Collaborative Consultation	
	A		F	
Contributing Factor: Transition	B		G	
Contributing Factor: Medical Status/Condition	C		H	
Contributing Factor: Time-Intensive Instruction	D		I	
Additional Areas of Family Support Total			J	
TOTAL	E		K	

14. Next, determine whether or not **Medical Status/Condition** is a contributing factor to the student's educational needs to be addressed by the O&M Specialist. If the student has medical issues that would increase the student's need for O&M direct service, write **'+10'** in **Contributing Factor: Medical Status/Condition box (box C)**. If medical status/condition is not an issue, write **'0'** in **box C**. If the student has significant medical issues that would decrease the student's capacity to receive O&M direct service, write **'-10'** in **box C**. (see sample above)
15. Next, determine whether or not **Time-Intensive Instruction** is a contributing factor to the student's educational needs to be addressed by the O&M Specialist. If the student has time-intensive instructional needs that would increase the student's need for O&M direct service, write **'+10'** in **Contributing Factor: Time-Intensive Instruction (box D)**. If time intensive instruction is not a factor, write **'0'** in **box D**.
16. Add the four values from **box A**, **box B**, **box C** and **box D**. Write the score in the **'TOTAL' box (box E)** for the Direct Instruction column if you are completing the scale by hand on a paper copy. If you are entering scores on the electronic pdf version of the *O&M VISSIT*, the numbers entered will automatically add up at the bottom of the page in the **'TOTAL' box (box E)** for you. (see sample above).
17. For the Educational Team Support column, determine whether or not **transition** is a contributing factor to the student's needs for team support from the O&M Specialist. If the student is making a significant transition requiring team support, write **'+10'** in the **Contributing Factor: Transition factors box (box G)** under the Educational Team Support Column Subtotal (**box F**). If transition is not a factor, write **'0'** in **box G** (see sample above).

18. Next, determine whether or not the student's **medical status or condition** is a contributing factor to the student's needs for team support from the O&M Specialist. If the student has significant medical issues that would increase the educational team support/collaboration needed from the O&M Specialist, write **'+10' in Contributing Factor: Medical Issues box (box H)**. If not, write **'0'** in **box H**. If the student has any medical issues that would decrease the O&M SPECIALIST educational team support/collaboration service need, write **'-10'** in **box H** (see sample above).
19. Next, determine whether or not **Time-Intensive Instruction** is a contributing factor to the student's needs for team support from the O&M Specialist. If the student has significant time-intensive instructional needs that would increase the educational team support/collaboration needed from the O&M Specialist, write **'+10' in Contributing Factor: Time-Intensive Instruction box (box I)**. If time intensive instruction is not a factor, write **'0'** in **box I**.
20. Complete the **Additional Areas of Family Support (AAFS) Table** that follows the scale total section by adding a value to each of the five listed areas of need for family support. Add the values and get the **subtotal for the AAFS Table (box J)**. Enter the AAFS subtotal in **box J** at the end of the scale if you are completing the scale by hand on a paper copy. If you are entering scores on the electronic pdf version of the *O&M VISSIT*, the numbers entered will automatically be entered into **box J** for you (see sample above).
21. Add the five values from **box F, box G, box H, box I, and box J**. Write the score in the 'Total' box (**box K**) for the Educational Team Support/Collaboration column if you are completing the scale by hand on a paper copy. If you are entering scores on the electronic pdf version of the *O&M VISSIT*, the numbers entered will automatically add up at the bottom TOTAL box for you (see sample above).
22. Using the totals found on the *O&M VISSIT* Scale, refer to the **INSTRUCTIONS FOR DETERMINING RANGES FROM SCALE TOTALS** that follows the scale.

O&M VISSIT: ORIENTATION & MOBILITY VISUAL IMPAIRMENT SCALE OF SERVICE INTENSITY OF TEXAS

Student: _____ COMS: _____ Date: _____

Type of O&M Service 	Direct Instruction from O&M Specialist	Educational Team Support/Collaborative Consultation
	0=no need at this time	0=no need at this time
	1=low need-occasional support and maintenance of skills	1=low need-teacher(s)/family needs infrequent support for established routines/ IEP goals & objectives/ modeling/curriculum
	4=medium need-needs skills but lower priority; generalization and fluency development	4=medium need-teacher(s)/family needs some support for development and maintenance of routines/ IEP goals & objectives/ modeling/ curriculum
	7=high need-priority; complete mastery of introduced skills	7=high need-teacher(s)/family needs ongoing support for established routines/ implementation of IEP goals & objectives/ modeling/ curriculum
	10=intense need-priority; acquisition of new skills	10=intense need-teacher(s)/family needs ongoing support to establish new routines/ implement IEP goals & objectives/ modeling/ use of curriculum
O&M Skill Area 		
PURPOSEFUL MOVEMENT		
Motor Skills - includes head/trunk control, rolling, crawling/creeping, walking, gait patterns, exploring, reaching, and/or moving toward objects/destinations, etc.		
Basic Skills - includes guide techniques, protective and alignment techniques, cruising/trailing, room familiarization, search patterns, initial use of landmarks/clues/signage, etc.		
Cane Skills - includes grip, cane techniques: two- and three-point touch, constant contact, diagonal, verification; stairs; shorelining; recovery skills; use of adaptive mobility devices; etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

Type of O&M Service 	Direct Instruction from O&M Specialist	Educational Team Support/Collaborative Consultation
	0=no need at this time	0=no need at this time
	1=low need-occasional support and maintenance of skills	1=low need-teacher(s)/family needs infrequent support for established routines/ IEP goals & objectives/ modeling/curriculum
	4=medium need-needs skills but lower priority; generalization and fluency development	4=medium need-teacher(s)/family needs some support for development and maintenance of routines/ IEP goals & objectives/ modeling/ curriculum
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	10=intense need-priority; acquisition of new skills	10=intense need-teacher(s)/family needs ongoing support to establish new routines/ implement IEP goals & objectives/ modeling/ use of curriculum
O&M Skill Area 		
COMMUNICATION		
Receptive - includes communication related to O&M: attending, following directions, choice-making, responding to instructions/information provided through gestures, sign language, tactile signs, speech, objects, symbols, adaptive communication, audio, etc.		
Expressive - includes communication related to O&M: participation, expressing wants and needs, choice-making, soliciting/declining assistance, using speech, gestures, objects/tactile symbols/pictures to respond to questions and/or instructions, conducting transactions face-to-face or via phone, etc.		
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O&M Skill Area 		
CONCEPT DEVELOPMENT		
Body Awareness - includes identifying body parts, imitating body movements, functional exploration of objects/environments using specific body parts (e.g., opening door, picking up item, pushing/pulling), etc.		
Directional/Positional - includes turning the body, laterality, directionality, cardinal directions, parallel/perpendicular, direction of travel (using degrees, clock-face directions, left/right), etc.		
Spatial Awareness - includes awareness of one's self in space, relationship of self to surrounding environments, object to object, sense of distance, time-distance, spatial updating, cognitive mapping, etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

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O&M Skill Area 		
CONCEPT DEVELOPMENT (cont)		
Comparative - includes grouping, or categorizing objects/concepts such as big/little, near/far, same/different, soft/hard, rough/smooth, unique/common, light/dark; ordinal sequencing, measuring, etc.		
Environmental - includes functional knowledge of environmental features (<u>home</u> : kitchen, bathroom, furniture, yard; <u>school</u> : hallway, classroom, cafeteria, library, playground; <u>community</u> : sidewalks, parks, streets/traffic patterns, buildings, numbering systems, blocks), abstract references (e.g., colors, shadows, fog, clouds), etc.		
Maps/Tactile Graphics - includes maps: tactile, print, auditory; directories; compass orientation; map key/legend; tactile symbols; scale; shapes; systematic exploration of maps; functional use of maps; etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

Type of O&M Service 	Direct Instruction from O&M Specialist	Educational Team Support/Collaborative Consultation
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O&M Skill Area 		
ASSISTIVE TECHNOLOGY FOR O&M		
Optical Devices - includes training in the care and use of distance and near optical devices like magnifiers, telescopes, bioptics, field enhancers, etc., for functional activities.		
Low-tech Devices – includes training in the care and use of sunglasses, visors/hats, task lighting/flashlights, braille/adapted compass, long cane, ID cane, wheelchair curb-feelers, etc.		
High-tech Devices – includes training in the care and use of electronic travel devices, video magnifiers, mobile technology and apps (text-to-speech, scanning, accessibility, etc.), GPS systems, currency identifiers, digital recorders, talking compasses, TTY/TTD, refreshable braille displays, etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

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O&M Skill Area 		
CRITICAL THINKING/PROBLEM-SOLVING		
Route Planning – includes linear/L/U/Z-shaped routes, block travel, accessing transportation schedules, identifying and using landmarks and clues, developing skills from rote route travel to dynamic travel, etc.		
Recovery Strategies/Unexpected Events - includes alternate routes/detours, sidewalk recovery, veer recovery, soliciting assistance, emergency contacts, adverse weather, alternative modes of transportation, rural travel, night travel, reorienting, etc.		
Environmental Analysis – includes gathering and application of information related to: layout of room/building, numbering systems, traffic patterns, safety, depth cues, lighting/contrast, tactile discrimination of surfaces, selecting appropriate techniques, transition to new spaces, etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

Type of O&M Service 	Direct Instruction from O&M Specialist	Educational Team Support/Collaborative Consultation
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	10=intense need-priority; acquisition of new skills	10=intense need-teacher(s)/family needs ongoing support to establish new routines/ implement IEP goals & objectives/ modeling/ use of curriculum
O&M Skill Area 		
CRITICAL THINKING/PROBLEM-SOLVING (CONT)		
Street Crossings - synthesizing necessary skills and strategies to execute safe street crossings.		
SENSORY EFFICIENCY		
Visual – includes training without and with optical devices in a variety of lighting conditions in the use of: lighting, glare management strategies, scanning, tracing, tracking, identification/spotting, environmental signage and landmarks, etc.		
Auditory – includes training in: the use of sound awareness/detection, discrimination, identification, localization, directionality, distance and speed, echolocation, auditory alignment, sound shadows and masking, cochlear implants and hearing aids, etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

Type of O&M Service 	Direct Instruction from O&M Specialist	Educational Team Support/Collaborative Consultation
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	10=intense need-priority; acquisition of new skills	10=intense need-teacher(s)/family needs ongoing support to establish new routines/ implement IEP goals & objectives/ modeling/ use of curriculum
O&M Skill Area 		
SENSORY EFFICIENCY (cont)		
Tactile – includes training in: tactile sensitivity reduction; haptic perception; discrimination of shapes, textures, dot patterns, same/different; awareness of tactile warning systems and terrain changes; effective use of signage and numbering systems (braille, symbols, raised print), etc.		
Additional Sensory Systems - Use of proprioceptive, vestibular, kinesthetic, olfactory, and gustatory systems		
TRANSPORTATION		
Familiarization and Planning - includes familiarization and safety concerns related to vehicles, accessing public transportation and schedules, etc.		
Utilization - includes use of public transportation such as paratransit, bus, taxi, light/commuter rail, train, air travel, etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

Type of O&M Service 	Direct Instruction from O&MSpecialist	Educational Team Support/Collaborative Consultation
	0=no need at this time	0=no need at this time
	1=low need-occasional support and maintenance of skills	1=low need-teacher(s)/family needs infrequent support for established routines/ IEP goals & objectives/ modeling/curriculum
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	10=intense need-priority; acquisition of new skills	10=intense need-teacher(s)/family needs ongoing support to establish new routines/ implement IEP goals & objectives/ modeling/ use of curriculum
O&M Skill Area 		
HEALTH AND SAFETY		
Health - includes strategies for managing health conditions, medications, first aid, stamina, effects of environmental conditions on personal health related to travel, etc.		
Safety - includes strategies for safeguarding self and personal belongings, selecting safe routes, awareness of surroundings, emergency protocols, exit strategies for dangerous situations, etc.		
RELATED ECC AREAS		
Social Interaction Skills – includes instruction in managing behavioral states; turn-taking; personal boundaries; identifying social cues, customs, and non-verbal communication; soliciting assistance; selective self-disclosure; phone etiquette; table etiquette; interacting with people in a variety of settings (e.g. social, business, information-gathering, commercial/transactional); etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

Type of O&M Service 	Direct Instruction from O&M	Educational Team Support/Collaboration
	0=no need at this time	0=no need at this time
	1=low need-occasional support and maintenance of skills	1=low need-teacher(s)/family needs infrequent support for established routines/ IEP goals & objectives/ modeling/curriculum
	4=medium need-needs skills but lower priority; generalization and fluency development	4=medium need-teacher(s)/family needs some support for development and maintenance of routines/ IEP goals & objectives/ modeling/ curriculum
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O&M Skill Area 		
RELATED ECC AREAS (cont)		
Self-Determination Skills – includes choice-making, self-advocacy, assertiveness, self-evaluation, goal-setting, etc.		
Independent Living Skills – includes money management, personal information and identification, personal hygiene, dressing appropriately for the weather, organization skills, time management, accessing agency support, shopping, laundry, choosing residence, etc.		
Recreation/Leisure Skills – includes identifying, investigating, and experiencing recreation and leisure options, including games, sports, social events, fitness facilities, and personal interests.		
Career Education Skills - includes commuting to and from a work site, time management related to employment, safety in and accessing the work environment, orientation and familiarization to the work setting, job task skills, soft skills, etc.		
	PAGE TOTAL for Direct Column	PAGE TOTAL for Educational Team Support Column

<u>COLUMN SUBTOTALS</u>	Direct Instruction Column Subtotal		Educational Team Support/Collaborative Consultation	
	A		F	
Contributing Factor: Transition	B		G	
Contributing Factor: Medical Status/Condition	C		H	
Contributing Factor: Time-Intensive Instruction	D		I	
Additional Areas of Family Support Total			J	
TOTAL	E		K	

Additional Areas of Family Support (AAFS) Table

Areas of Family Need	Value Range	
<i>There is a need for:</i>	0=No Need 1=Low Need 4=Medium Need 7=High Need 10=Intense Need	
Consistency of educational concepts across school and home settings (e.g., communication systems, behavioral techniques, routines, independent living skills, environmental adaptations, adapted toys/equipment, etc.).		
Connecting family members to outside agencies and support services (e.g., family organizations, state and local community resources including related agencies, camps, respite, etc.).		
Facilitating active family participation in special education meetings and medical visits (e.g., training on special education laws and guidelines, interpreting medical information, accompanying family to medical visits).		
Assistance in overcoming cultural/language differences.		
Strategies to support family members in bonding and interactions with their child.		
AAFS SUBTOTAL	J	

Instructions for Determining Ranges from Scale Totals

<u>COLUMN UBTOTALS</u>	Direct Instruction Column Subtotal		Educational Team Support/ Collaborative Consultation	
	A	(Example: 161)	F	(Example: 30)
Contributing Factor: Transition	B	(Example: +10)	G	(Example: 0)
Contributing Factor: Medical Status/Condition	C	(Example: -10)	H	(Example: 0)
Contributing Factor: Time-Intensive Instruction	D	(Example: +10)	I	(Example: 10)
Additional Areas of Family Support Total			J	(Example: 10)
TOTAL	E	(Example: 171)	K	(Example: 50)

- After determining the total **Direct Instruction** need in **Total box E**, transfer the score in **box E** to the corresponding value on the range of recommended direct service time for the score on **Recommended Schedule of Service Minutes - Direct Service Time** in **Column 3** if you are entering the information by hand on a paper copy. If you are using the electronic pdf version of the *O&M VISSIT*, the total score from **box E** will automatically go into Column 3 on the Direct Service Time Scoring Sheet. Choose an exact recommended amount of service time that will best suit your student's needs from the range of suggested service time in Column 2 on the row in which the total score falls and enter that number in minutes per week in Column 4. Write a brief explanation about why you chose this amount of service time below the chart. Include a justification of this recommendation based on the student's need scores from the *O&M VISSIT* scale. See example below:

RECOMMENDED SCHEDULE OF SERVICE MINUTES for ORIENTATION AND MOBILITY SERVICES- DIRECT SERVICE

<u>DIRECT SERVICE TIME</u>		TOTAL (box E) from direct service column	YOUR RECOMMENDED AMOUNT OF DIRECT SERVICE TIME (MINUTES PER WEEK)
Score on rubric	Range of suggested service time		
210 +	240 or more minutes/wk	SAMPLE	SAMPLE
185 - 209	180 - 240 minutes/wk	SAMPLE	SAMPLE

167 - 184	120 -180 minutes/wk	(Example: 171)	(Example: 120- minute/ week)
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Example explanation: Student needs to have at least 2 hours of direct instruction a week because of needed instruction in purposeful movement, concept development, assistive technology, and critical thinking.

2. After determining the total **Educational Team Support** need in **Total box K**, transfer the score in **box K** to the corresponding value on the range of recommended team support/collaboration service time for the score on **Recommended Schedule of Service Minutes - Educational Team Support/Collaboration** scoring sheet in Column 3 if you are entering the information by hand on a paper copy. If you are using the electronic pdf version of the *O&M VISSIT*, the total score from box K will automatically go into Column 3 on the Educational Team Support/Collaboration Time Scoring Sheet. Choose an exact recommended amount of service time that will best suit your student's needs from the range of suggested service time in Column 2 on the row in which the total score falls and enter that number in minutes per week in Column 4. Write a brief explanation about why you chose this amount of service time below the chart. Include a justification of this recommendation based on the student's need scores from the *O&M VISSIT* See sample below.

RECOMMENDED SCHEDULE OF SERVICE MINUTES FOR ORIENTATION AND MOBILITY SERVICES - EDUCATIONAL TEAM SUPPORT/COLLABORATION

<u>EDUCATIONAL TEAM SUPPORT/COLLABORATION TIME</u>		TOTAL (box K) from the educational team support/ collaboration column	YOUR RECOMMENDED AMOUNT OF EDUCATIONAL TEAM SUPPORT/COLLABORATION SERVICE TIME (MINUTES PER WEEK)
Score on rubric	Range of suggested service time		
47 – 57	30 - 70 minutes/wk	SAMPLE	SAMPLE
40 – 46	15 - 30 minutes/wk	(Example: 50)	(Example: 15 minutes / week)

Example explanation: O&M SPECIALIST will consult with student's team for 1 hour per month (equals 15 minutes / week).

RECOMMENDED SCHEDULE OF SERVICE MINUTES for ORIENTATION AND MOBILITY SERVICES

<u>DIRECT SERVICE TIME</u>		TOTAL (box E) from direct service column	YOUR RECOMMENDED AMOUNT OF DIRECT SERVICE TIME (MINUTES PER WEEK)
Score on rubric	Range of suggested service time		
EXAMPLE: 56-69	EXAMPLE: 30-45 minutes/wk	60	30 minutes/wk
210 +	240 or more minutes/wk		
185 - 209	180 - 240 minutes/wk		
167 - 184	120 -180 minutes/wk		
118 - 166	90 - 120 minutes/wk		
101 - 117	75 - 90 minutes/wk		
81 – 100	60 - 75 minutes/wk		
70 - 80	45 - 60 minutes/wk		
56 - 69	30 - 45 minutes/wk		
23 - 54	20 - 30 minutes/wk		
0 – 22	0 - 20 minutes/wk		
<p style="color: red; font-size: small;">BASED on a 2400-minute/per week system---</p> <p style="color: red; font-size: small;">2400 minutes in a school week (includes a 7 hour, 15-minute school day, plus 45 minutes for lunch [lunch time can be used for instruction])</p> <p style="color: red; font-size: small;">2400 min per week = 480 minutes per day available for instruction</p>			

Explanation and Justification for Recommended Amount of Service Time

Explain how the minutes per week will be distributed (e.g., 30 minutes, 3 times per week = 90 minutes per week; one hour per month = 15 minutes per week, etc.):

If recommended service time as indicated by the *O&M VISSIT* does not match the IEP team's decided amount of service time, please state the factors or reasons why this discrepancy occurred.

RECOMMENDED SCHEDULE OF SERVICE MINUTES FOR ORIENTATION AND MOBILITY SERVICES - EDUCATIONAL TEAM SUPPORT/COLLABORATION

<u>EDUCATIONAL TEAM SUPPORT/COLLABORATION TIME</u>		TOTAL (box K) from the educational team support/collaboration column	YOUR RECOMMENDED AMOUNT OF EDUCATIONAL TEAM SUPPORT/COLLABORATION SERVICE TIME (MINUTES PER WEEK)
Score on rubric	Range of suggested service time		
EXAMPLE: 69-80	EXAMPLE: 110 - 150 minutes/wk	70	120 minutes/wk
112+	600 or more minutes/wk		
101 - 111	450 - 600 minutes/wk		
91 - 100	300 - 450 minutes/wk		
81 - 90	150 - 300 minutes/wk		
69 - 80	110 - 150 minutes/wk		
58 - 68	70 - 110 minutes/wk		
47 - 57	30 - 70 minutes/wk		
40 - 46	15 - 30 minutes/wk		
27 - 39	10 - 15 minutes/wk		
14 - 26	5 - 10 minutes/wk		
0 - 13	0 - 5 minutes/wk		
<p>BASED on a 2400-minute/per week system--- 2400 minutes in a school week (includes a 7 hour, 15-minute school day, plus 45 minutes for lunch [lunch time can be used for instruction]); 2400 min per week = 480 minutes per day available for instruction</p>			

Explanation and Justification for Recommended Amount of Service Time

Explain how the minutes per week will be distributed (e.g., 30 minutes, 3 times per week = 90 minutes per week; one hour per month = 15 minutes per week, etc.):

If recommended service time as indicated by the *O&M VISSIT* does not match the IEP team's decided amount of service time, please state the factors or reasons why this discrepancy occurred.
