Format updated 5-2021 and 5-2022

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| **Orientation** **and** **Mobility** **Instruction** **Services** **(OM)****Organization will establish a self-study committee to assess and rate the organization on the following:**NOTE: Items with an asterisk (\*) indicate Absolute Standards. The other items are Critical Standards. See Accreditation Handbook for Organizations, page 5 of 17: “All absolute standards must be fully met to receive accreditation. Critical standards must be at least partially met to receive accreditation.” | Supporting Documentation | Review Committee Decision |
| Indicate name of file or cite page in documents you provide to show compliance. | Fully Met | Partially Met | Not Met |
| 1.\* O&M instruction services are provided by certified practitioners - Orientation and Mobility Specialists. (COMS or NOMC) |  |  |  |  |
| 2. \* O&M instruction services are based on the individual’s needs and goals identified through functional assessments and evaluation reports provided by qualified practitioners in the areas of medical, vision, low vision, audiological, social, and psychological and other related materials. |  |  |  |  |
| 3. O&M assessments reflect the differing needs of individuals of different ages including those with additional disabilities and/or deafblindness. |  |  |  |  |
| 4. O&M instruction services include a written plan of goals and objectives that reflect the needs of the individual as identified by an O&M assessment to help the individual reach his or her desired ability level. The individual’s written plan maybe identified as an individual family service plan (IFSP), individual education plan (IEP) or individual plan of employment (IPE). |  |  |  |  |
| 5. O&M instruction services are clearly and purposefully organized. |  |  |  |  |
| 6. O&M Specialists are responsible for the full array of O&M services: assessment, development of individualized O&M programs of instruction linked to the individual’s goals, provision of services, evaluation of progress, and follow up activities. |  |  |  |  |
| 7. O&M Specialists are members of an interdisciplinary team to develop optimal O&M strategies for safety and function of individuals with co-disability conditions. |  |  |  |  |
| 8. O&M instruction services keep a chronological record of the individual’s progress toward established goals. |  |  |  |  |

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| 9. The training environment of the school/organization and staff foster independence. |  |  |  |  |
| 10. O&M instruction incorporates sound teaching techniques integrated within the natural routine that are designed to address safe, independent, and efficient travel across environments. |  |  |  |  |
| 11. O&M instruction incorporates information about various travel devices such as adaptive mobility devices, guide dogs, electronic orientation aids and electronic travel aids. |  |  |  |  |
| 12. Upon request, follow-up assessment or instruction is made available to individuals and families and documented as part of the case record. |  |  |  |  |
| Total Standards |  | /12 | /12 | /12 |

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Orientation and Mobility Self-Study, with sub-folders labeled for each of the following documents:

* Self-Study (above)
* Policy and Procedures Related to O&M Services
* O&M Certification Verifications for All Personnel Providing O&M services
* Description of O&M Services Offered
* O&M Specialists Job Description, Roles and Responsibilities
* Needs Assessment Forms
* Individual Service Plans-- *individual* *family* *service* *plan* *(IFSP),* *individual* *education or rehabilitation* *plan* *(IEP/IRP)* *or* *individual* *plan* *of* *employment* *(IPE).*
* Daily Instructional Plans that Describe Services Provided
	+ Consumer Progress Reports
	+ **See** **Section** **I.** **(G)** **Program** **Evaluation** **and** **Improvement** **Required** **Documents** **and** **Submit** **Each** **Item** **for** **Orientation** **and** **Mobility** **Instruction** **Services**
	+ Narrative to explain any standards you rated as partially met or not met.
	+ Any other Narrative Remarks

List of Members of Self-Study Committee:

Date Self-Study Completed:

Date of Board Meeting approving Self-Study: