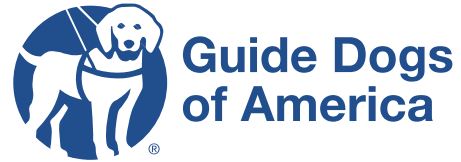


GUIDE DOGS OF AMERICA

Orientation & Mobility Evaluation



This Orientation & Mobility Evaluation is being requested in connection with an application for a guide dog. Thank you for your assistance in providing necessary information for the applicant. If you have any questions, please call the Admissions department at the below number.

SEND TO:

**Guide Dogs of America
13445 Glenoaks Blvd.
Sylmar, CA 91342
Attn: Admissions**

**Telephone & Fax: 818-833-6428
Email: Admissions@GuideDogsofAmerica.org**

PATIENT INFORMATION					
Last Name		First		M.I.	
CONCEPT DEVELOPMENT/LEARNING ABILITY					
Concept Development/Visual Memory – able to understand unfamiliar travel areas explained to him/her:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Understands the basic intersection configurations:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Deficiencies in abstract or motor learning:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Rate of learning:	QUICK <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	SLOW <input type="checkbox"/>		
MOTOR SKILLS/POSTURE & GAIT					
Walks without support (prosthetic devices, braces or orthopedic cane):			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Has full use of both arms & legs:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any gait, postural or balance abnormalities:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MOVEMENT			
Maintains Straight Line:	VEERS TO LEFT <input type="checkbox"/>	VEERS TO RIGHT <input type="checkbox"/>	
Has enough fine motor coordination to put a collar, leash and harness on a dog (involves attaching a spring snap to a ring, sliding a leather strap through a loop and buckling)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
In an open area (without obstacles/drop-offs), pace is:			
<input type="checkbox"/> RAPID <input type="checkbox"/> AVERAGE <input type="checkbox"/> SLOW		<input type="checkbox"/> CONFIDENT <input type="checkbox"/> HESITANT	
PHYSICAL ENDURANCE			
Endurance Level:	ENERGETIC <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	TIRES EASILY <input type="checkbox"/>
Any physical problems that adversely affect or limit applicant's ability:			
TRAVEL ENVIRONMENT			
Applicant's day-to-day travel environment:			
Problem areas in travel environment:			
Travel areas & public transportation used:			

TRAVEL SKILLS				
Does applicant now travel safely with a long cane:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Cane Skills:				
<input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		<input type="checkbox"/> CONSISTENT <input type="checkbox"/> INCONSISTENT		
Aware of proprioceptive landmarks when traveling:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Aware of under footing changes (brick, asphalt, grass, etc.):		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
General use of sensory information available to him/her for orientation purposes:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Ability to plan, follow and reverse a travel route:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does he/she use compass directions:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
STREET CROSSINGS & TRAVEL ANALYSIS				
Ability to align him/herself at down curbs using traffic sounds:	GOOD <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>
Ability to distinguish between and utilize various traffic control devices:	GOOD <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>
Ability to make decisions as to the appropriate time to cross at most intersections:	GOOD <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>
Ability to recover when reaching up curbs far away from parallel street side (time-distance judgment):	GOOD <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>
Will he/she seek assistance when necessary:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you think that he/she (if given the option) would cross most streets unaided:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PROBLEM SOLVING SKILLS

Is he/she aware when off the prescribed route of the following:

Away from busy street on to side street	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diagonal crossings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unwanted turns into recessed door openings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Driveways	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Side curbs	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Is he/she aware of unwanted turns while traveling (e.g., 90° turn around corner):

Will he/she seek assistance in a problem situation:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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His/her emotional state when a problem arises:

	CONFIDENT <input type="checkbox"/>	CALM <input type="checkbox"/>	NERVOUS <input type="checkbox"/>	
Problem solving skills:	GOOD <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>

CONFIDENCE/MOTIVATION/CHARACTER

Is the applicant confident:	ALWAYS <input type="checkbox"/>	USUALLY <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	RARELY <input type="checkbox"/>
Is he/she confident in cane travel:	ALWAYS <input type="checkbox"/>	USUALLY <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	RARELY <input type="checkbox"/>
Is he/she stable and responsible:	ALWAYS <input type="checkbox"/>	USUALLY <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	RARELY <input type="checkbox"/>
Is he/she cooperative:	ALWAYS <input type="checkbox"/>	USUALLY <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	RARELY <input type="checkbox"/>
What is his/her motivation level regarding mobility training:		EAGER <input type="checkbox"/>	UNSURE <input type="checkbox"/>	DISINTERESTED <input type="checkbox"/>

Is the applicant's decision to obtain a guide dog his own:

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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LOW VISION

Does the applicant have any residual vision:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does he/she travel visually:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes to the above, at what times can he/she function visually:	NIGHT <input type="checkbox"/>	BRIGHT LIGHT <input type="checkbox"/>
When traveling, is the vision:	USEFUL <input type="checkbox"/>	HINDRANCE <input type="checkbox"/>

ADDITIONAL COMMENTS

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O&M INSTRUCTOR'S SIGNATURE

Print Name:	
Signature:	
O&M Organization:	
Instructor's Telephone Number:	