Saint Lucie County Public Schools District
Exceptional Student Education
772-429-4570

Orientation and Mobility Discontinuation Summary

Student:	**Parent/Adult Student:**
ID#:	**Address:**
Exceptionalities:	**City, State, Zip:**
D.O.B.:	**Telephone:**
Medicaid #:	**Grade:**
Special Medical Needs:	**Glasses? ___Yes ___No Hearing Difficulty? ___Yes ___No**
Other Medical Information:	

The student has been assessed and recommended for discontinuation from educationally relevant Orientation and Mobility services. This information is presented to the Individual Plan team for consideration of discontinuation of services.

Please check all those that apply:

_____1. Assessments indicate that the student no longer meets criteria and/or needs this related service, or

_____2. Areas addressed in Orientation and Mobility instruction no longer impact the student's ability to benefit from the educational program, or

_____3. Orientation and Mobility instructional goals can be met in classroom with no direct specialized instruction from the certified orientation and mobility instructor.

This information is presented to the Individual Education Plan team for consideration of discontinuation of services.

Summary of Services Received:

Summary of Present Level of Functioning:

Orientation and Mobility Instructor's Signature: _____ **Date:** _____