# The Role of the Orientation and Mobility Specialist in Public Schools

**A Position Paper of the Division on Visual Impairments and Deafblindness**

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Children develop an understanding of their world via movement through and exploration of various environments (McAllister & Gray, 2007). Children typically learn skills and concepts required for independent movement through incidental visual observation; however, children with visual impairments require support to acquire these vital skills. Orientation and mobility (O&M) is the set of concepts, skills, and techniques needed for safe, efficient, and graceful travel under all environmental conditions (Jacobson, 2013). Taken separately, *orientation* refers to the use of sensory information to establish and maintain one’s position in the environment, and *mobility* refers to the capacity, readiness, and ability to move (Hill & Ponder, 1976).

O&M is recognized as an integral component of the Expanded Core Curriculum (ECC) for students with visual impairments (Hatlen, 1996). Children with visual impairments require direct sequential instruction by an O&M specialist (Lohmeier, Blankenship, & Hatlen, 2009). O&M skills allow children to interact with and move through environments purposefully and independently (Pavey, Douglas, McLinden, & McCall, 2003), and they facilitate access to educational, vocational, social, and recreational opportunities (McDonnall, 2011; Riley, 2000; Wolffe & Kelly, 2011).

**Public Policy Framework**

Federal legislation supports the provision of O&M services to children with visual impairments in public school settings by qualified O&M specialists. O&M was cited as a related service in the 1997 and 2004 Amendments to the *Individuals with Disabilities Education Act* (IDEA). IDEA specifies that O&M services are “provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community” (34 CFR 300.34(c)(7)). Furthermore, IDEA states that O&M includes teaching students the following, as appropriate: (a) spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street); (b) to use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision; (c) to understand and use remaining vision and distance low vision aids; and (d) other concepts, techniques, and tools (34 CFR 300.34(c)(7)).

IDEA mandates that each state educational agency (SEA) establish and maintain qualifications to ensure that personnel have adequate knowledge, skills, preparation, and training to serve children with disabilities (34 CFR 300.156(a)). Furthermore, each SEA must have qualifications for related service providers, including O&M specialists, that (a) are consistent with any state-approved or state-recognized certification, licensing, registration or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services; (b) ensure that related services personnel who deliver services in their discipline or profession have not had certification or licensure requirements waived on an emergency, temporary or provisional basis; and (c) allow paraprofessionals and assistants who are appropriately trained and supervised to assist in the provision of special education and related services to children with disabilities (34 CFR 300.156(b)).

**Considerations**

**Population Served**

Today’s O&M specialists serve an increasingly heterogeneous population of students with visual impairments. O&M specialists may instruct infants, toddlers, preschoolers, children, and adolescents who are blind or have low vision, students with additional disabilities including deafblindness, and students with diverse cultural and linguistic backgrounds (Bina, Naimy, Fazzi, & Crouse, 2010; Tobin & Hill, 2011; Wall Emerson & Corn, 2006). Accordingly, O&M specialists must have a broad repertoire of expertise and the ability to tailor instruction to the maturity, ability, and needs of children at various developmental stages (McAllister & Gray, 2007).

**O&M Assessment**

Referral, assessment, and program planning are ongoing and vital responsibilities of the O&M specialist (Bina et al., 2010; Huebner, Merk-Adam, Stryker, & Wolffe, 2004; Neal, Bigby, & Nicholson, 2004). O&M specialists are responsible for developing and conducting O&M assessments for all children with visual impairments in collaboration with an assessment team. O&M assessments are used to determine a need for services, establish present levels of performance, monitor achievement of goals, and evaluate the effectiveness of instruction (Bina et al., 2010). The assessment process typically involves a review of records; interviews with students, family members, and other professionals; selection of age-appropriate assessment tools; use of planned routes and activities designed to assess performance in multiple domains; and observations of students in natural, everyday settings (Bina et al., 2010; Griffin-Shirley & Nes, 2004; Smith & Herlich, 2014). Assessment data are used to make high-stakes decisions about frequency, duration, and appropriateness of O&M services (Fazzi & Naimy, 2010).

**The O&M Curriculum**

The ultimate goal of O&M instruction is for individuals with visual impairments to travel in any environment as independently as possible. O&M specialists are responsible for designing sequential, individualized instruction and providing structured experiences to facilitate concept and skill development (Fazzi & Naimy, 2010). O&M instruction must begin at the earliest possible age (Pogrund & Fazzi, 2002*)*. After receiving a medical diagnosis of a visual impairment, early intervention services need to be provided in a timely fashion (Huebner et al., 2004). The progression of O&M skill development begins with the understanding of how to move one’s body in space (Sapp & Hatlen, 2010). Instruction focuses on spatial concepts and skills, perceptual skills, environmental knowledge, sensory development, motor development, mobility skills, decision-making, and interpersonal skills (Bozeman & McCulley, 2010; Neal et al., 2004; Wall Emerson & Corn, 2006).

The traditional O&M curriculum includes mobility skills such as guiding techniques, long cane techniques, travel in residential and business areas, crossing streets, locating destinations, and use of public transportation (Hill & Ponder, 1976; LaGrow, 2010; Neal et al., 2004). O&M specialists also teach the use of orientation aids, optical devices, adaptive mobility devices, electronic travel aids, and global positioning systems (Bozeman & McCulley, 2010; Smith & Penrod, 2010; Wall Emerson & Corn, 2006). Students who are blind must develop a conceptual understanding of various environments, and learn how to best traverse a given environment using auditory, tactile, and kinesthetic information, and students with low vision must learn strategies for maximizing use of their residual vision (Wall Emerson & Corn, 2006).

**O&M Service Delivery**

The O&M specialist serves as a member of the multidisciplinary or transdisciplinary team in developing and implementing individualized education programs (IEPs) for children with visual impairments (Fazzi & Naimy, 2010; Griffin-Shirley, Trusty, & Rickard, 2000; Smith & Levack, 1996). O&M specialists may assume many roles and provide a continuum of services, ranging from direct services provided to students with visual impairments to indirect services (e.g., consultation and in-service training) provided to professionals who have direct contact with students (McMahon, 2014; Neal et al., 2004). Components of the O&M curriculum, such as map skills, are naturally incorporated into the common core curriculum and can be taught in collaboration with the general education teacher (Sapp & Hatlen, 2010). O&M specialists may role release some basic instructional duties (e.g., monitoring route travel) to individuals who interact with students on a daily basis. O&M specialists may encounter service delivery challenges related to shortages of qualified personnel, large caseloads, insufficient funding, and academic mandates (Bina et al., 2010; McMahon & Sacks, 2014; Wall Emerson & Anderson, 2014). Constraints related to scheduling

conflicts, travel time, and caseload size affect the availability of O&M specialists and may reduce frequency of instruction for individual students (Bina et al., 2010; Griffin-Shirley, Pogrund, Smith, & Duemer, 2009).

**Importance of Community Travel**

The nature of O&M requires that students be exposed to various travel scenarios in natural environments; thus, services are provided in indoor and outdoor settings, both on school grounds and in the community (Bina et al., 2010). Instruction in community travel skills takes place in settings such as grocery stores, shopping malls, banks, restaurants, and subway stations, where students can integrate their O&M skills with other aspects of the ECC, including daily living skills, social interaction skills, recreation and leisure, and career skills. For students with visual impairments and additional disabilities who have difficulty generalizing skills across settings, community instruction may focus on partial participation and adaptations or modifications to encourage independent or semi-independent community travel (Ambrose-Zaken, Calhoon, & Keim, 2010; Silberman, Sacks, & Wolffe, 1998). Furthermore, community experiences are an evidence-based predictor of post-school employment for students with disabilities (Test et al., 2009).

**Family, School, and Community Support**

Family, school, and community support is essential for high quality O&M services (Fazzi & Naimy, 2010). O&M specialists are responsible for educating students, families, teachers, administrators, other professionals, and the public about O&M. O&M specialists design and implement in-service training for teachers, paraprofessionals, administrators, other professionals, and families (Fazzi & Naimy, 2010; Griffin-Shirley et al., 2000). In-service training should focus on the role of the O&M specialist, the goals of the O&M program, and the roles of all appropriate school personnel in promoting O&M development. During community travel lessons, opportunities often arise for O&M specialists and students to educate the general public about O&M and the capabilities of individuals with visual impairments.

O&M instruction will have very little impact on children with visual impairments if parents/caregivers and family members are not involved in the process. Establishing an ongoing method of communication with parents/caregivers can facilitate family involvement (Fazzi & Naimy, 2010). In addition to working cooperatively with family members in developing realistic goals, the O&M specialist must develop specific activities that parents and family members can implement in the home setting for continuity of instruction to occur (Crone, Scannell, & Cordeau, 2005; Fazzi & Petersmeyer, 2001). O&M activities should be designed so that parents and other family members can carry them out through daily living activities and recreational activities.

**Recommended Practices**

*Qualified O&M specialists must conduct O&M assessments for all students with visual impairments.*

O&M assessment should be conducted upon initial identification of a visual impairment or in the absence of prior O&M assessment (Douglas, Pavey, McLinden, & McCall, 2003; Fazzi & Naimy, 2010; Wall Emerson & Corn, 2006). Other factors precipitating a need for O&M assessment may include: (a) transitioning to a new school, (b) a change in residence, (c) an upcoming IEP meeting, or (d) a sudden change in visual impairment or physical status (Douglas et al., 2003; Wall Emerson & Corn, 2006). Assessments should include observations of students performing everyday tasks in indoor and outdoor environments (Bina et al., 2010).

*O&M specialists, in collaboration with the multidisciplinary or transdisciplinary team, should use assessment data to drive decisions regarding O&M services.*

The IEP team considers students’ eligibility for O&M services at each meeting and provides documentation in the IEP (Bina et al., 2010; Wall Emerson & Corn, 2006). When O&M services are recommended by the IEP team, the O&M specialist prepares a statement of the student’s present level of functioning and collaborates with the team to establish goals, and to schedule adequate frequency and duration of services in appropriate locations to meet students’ needs (Bina et al., 2010; Fazzi & Naimy, 2010; Griffin-Shirley & Nes, 2004). Team members may use established tools, such as the Orientation and Mobility Severity Rating Scales, to assist in determining appropriate service levels for students (Wall Emerson & Anderson, 2014). Instructional decisions should be based on students’ goals and needs, and not solely on external factors or availability of resources.

*School districts should recruit and hire highly qualified O&M specialists.*

Federal legislation calls for children to be taught by highly qualified personnel. Highly qualified O&M specialists (a) possess the knowledge and skills needed to provide quality O&M instruction to children with visual impairments; (b) are graduates of university programs specializing in the preparation of O&M specialists; and (c) meet state-approved certification, registration, or licensing requirements. Some SEAs require that an O&M specialist have dual certification as a teacher of students with visual impairments and an O&M specialist, whereas others require professional certification through a certifying body like the Academy for Certification of Vision Rehabilitation and Education Professionals. Either or both of the abovemay be required for employment within a local public school system.

*O&M instruction should be provided in school, home, and community environments.*

The O&M specialist provides developmentally appropriate challenges in real-life scenarios to assist students in developing O&M skills (Cameto & Nagle, 2007). The effectiveness of O&M training is maximized by infusing O&M content into school curricula and activities, with support and reinforcement by all individuals connected with the student (Griffin-Shirley, Trusty, & Rickard, 2000). The O&M specialist must integrate O&M content into students’ daily schedules through naturally occurring routines, and create opportunities for students to practice their skills in natural settings (Sapp & Hatlen, 2010). O&M lessons often take place the community, in all weather conditions, and at various times of day (Wiener & Sifferman, 2010). Training environments are chosen based on their applicability to student’s current and future needs, while accounting for cognitive, physical, and psychological factors (Wall Emerson & Corn, 2006). Opportunities to learn, practice, and apply these skills and concepts in various environments allow students with visual impairments to develop the highest degree of independence as possible (Fazzi & Naimy, 2010; Sapp & Hatlen, 2010).

*O&M specialists must remain informed of advances in policy, research, and practice that may impact O&M teaching and learning.*

Professional growth through continued education is an ongoing and vital responsibility of O&M specialists (Wiener & Sifferman, 2010). O&M specialists must have accurate knowledge of state and federal laws, trends and advances in the field, and current instructional practices (Bina et al., 2010). Attending workshops, seminars, and conferences; membership in professional organizations; reading professional journal articles; maintaining certifications; networking with other professionals; and participating in research are some of the methods O&M specialists use to stay current (Bina et al., 2010; Sapp & Hatlen, 2010; Wiener & Sifferman, 2010).

**Position**

O&M specialists play an integral role in the provision of a free appropriate public education to children with visual impairments. School districts should employ highly qualified O&M specialists to provide services to students in accordance with their IEPs. O&M specialists must have the expertise required to serve a diverse population of students, including children with total blindness and low vision, and children who have additional disabilities including deafblindness. All children with visual impairments need an O&M assessment to determine their eligibility for O&M services. O&M specialists should incorporate O&M into students’ daily schedules and routines and involve family members in students’ training. O&M specialists empower students with visual impairments to become safe, independent travelers to the maximum extent possible through individualized instruction in school, home, and community settings. Effective O&M skills assist students in the pursuance of their life goals, improvement in their quality of life, and successful integration into society.

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