# Orientation, Mobility & Vision Service Provider Log

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|---|---|---|---|---|---|
| **Student's name:** | | | | **Provider's Name:** | |
| **Student's date of birth:** | | **PA Secure ID:** | | **Provider's Title:** | |
| **School:** | | **Date:** | | **Provider's Signature:** | |
| **Disability/symptom(s):** | | | | ☐ **Early Intervention** ☐ **School Age** | |

| Service | Treatment | | | Refer to the keys below for an explanation of the treatment codes and progress indicators | | |
|---|---|---|---|---|---|---|
| Date | Start Time | End Time | Treatment Key (see Pg 2) | Service Type | Progress Indicator Key | Description of Service |
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**Service Type:**

| In-Person: | |
|---|---|
| **D** = Direct – In-person Session | **DM** = Direct – In-person Make-up Session |
| **Session Did Not Occur:** | |
| **PA** = Provider Absent | **PNA** = Provider Not Available |
| **SA** = Student Absent | **SNA** = Student Not Available |
| **Telehealth (non-reimbursable):** | |
| **10** = Direct – Telehealth Session (student at home) | **02** = Direct – Telehealth Session (student somewhere other than home) |
| **10M** = Direct – Telehealth Make-up Session (student at home) | **02M** = Direct – Telehealth Make-up Session (student somewhere other than home) |

**Progress Indicator Type:**

| | | |
|---|---|---|
| **Mn** = Maintaining | **Pr** = Progressing | **In** = Inconsistent |
| **Rg** = Regressing | **Ms** = Mastering | |

# Orientation, Mobility & Vision Service Provider Log

**Treatment Key:**

| | | | | |
|---|---|---|---|---|
| 1 | Basic Visual Motor Skills | 10 | School Environment Familiarization |
| 2 | Basic Visual Perception | 11 | Map Making |
| 3 | Moving through Environment | 12 | Practical Living Awareness |
| 4 | ID of Safety and Information Signs | 13 | Age-Appropriate Social Skills |
| 5 | Location of Commercial Services | 14 | Exercises related to social skills and dealing with the sighted world |
| 6 | ID of Landmarks | 15 | Teaching methods to promote safety in moving about |
| 7 | Spatial Orientation | 16 | Therapy related to visual perception, movement, spatial orientation |
| 8 | Telling Time | 17 | Training to locate and use community resources, such as taking a bus to school or summoning help in an emergency situation |
| 9 | Methods of Crossing Streets | | |

**Notes:**

- All Direct Services must be provided in person with the student in order to be compensable through the School-Based ACCESS Program.
- Orientation, Mobility and Vision Services must be provided on a one-to-one basis in order to be compensable through the School-Based ACCESS Program.
- Use the "Service Provider Evaluation Log" for evaluations and/or assessments.