Orientation and Mobility in the IEP: Services, Goals, and Advocacy

Most parents first hear about orientation and mobility when someone suggests their child might need a cane. That suggestion tends to land hard, especially for families whose child still has usable vision.

Worth knowing up front: **orientation and mobility instruction is not a signal that vision is gone or going.** It's a related service under IDEA that teaches safe, independent travel, and students with substantial remaining vision qualify for it routinely. A student who navigates a familiar school building comfortably may still be unable to cross an unfamiliar intersection or handle a crowded transit platform safely.

This page covers what O&M includes, who provides it, sample goals by age group, and how to request an evaluation if it isn't being offered.

What Orientation and Mobility Instruction Covers

Two linked skill sets.

Orientation is knowing where you are, where you want to go, and how to work out the route: mental mapping, landmark and cue use, cardinal directions, and problem-solving when a route is blocked.

Mobility is moving through space safely: cane technique, protective techniques, sighted guide, traffic analysis, and negotiating stairs, doors, and obstacles.
In school settings this typically progresses outward in rings: classroom, building, campus, neighborhood, then community destinations and public transit.

O&M is a **related service under IDEA**, listed in the same category as speech-language pathology and physical therapy. The regulations define orientation and mobility services as "services 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)).

Two words in that definition are worth underlining. **"Qualified personnel"** means this is not something a paraprofessional or a general special education teacher can deliver. And **"home, and community"** means O&M is not confined to the school building — a program that only teaches hallway navigation is not meeting the definition.

When evaluation shows a need, the district is obligated to provide the service.

Who Provides O&M Services

Orientation and mobility is taught by a **Certified Orientation and Mobility Specialist (COMS)**, credentialed through ACVREP. This is a distinct profession with its own graduate training and certification.

A teacher of students with visual impairments is not automatically qualified to teach cane skills. TVIs and COMS often work with the same student and coordinate closely, but they hold different credentials and address different needs. If your student's IEP shows a TVI delivering O&M instruction, ask about credentials.

The O&M evaluation assesses current travel skills across environments, concept development, sensory use during travel, and safety judgment, and it's what the goals should come from.

O&M Goals by Age Group

Sample goals below follow the standard structure: condition, behavior, criteria, data source, timeline. Bracketed fields need real assessment data.

Preschool and Early Elementary
Given verbal directional cues, [student] will demonstrate body and spatial concepts (left/right, in front of/behind, near/far) with 90% accuracy across 10 trials, as measured by COMS observation, by the annual review date.

Using trailing technique along a wall, [student] will travel independently from the classroom door to the restroom and return, in 4 of 5 opportunities, by the annual review date.

[Student] will correctly take and use sighted guide with a familiar adult, including negotiating a doorway and a narrow passage, in 4 of 5 opportunities, by the annual review date.

Upper Elementary and Middle School
Using two-point touch cane technique, [student] will travel independently from the classroom to the cafeteria and return, in 4 of 5 opportunities across three consecutive sessions, improving from current performance requiring intermittent verbal cues, as measured by COMS observation data, by the annual review date.

[Student] will independently locate three unfamiliar rooms within the school building using room numbering and hallway landmarks, in 4 of 5 opportunities, by the annual review date.

Given a quiet residential intersection, [student] will identify the crossing location, analyze traffic sounds, and initiate the crossing at an appropriate moment with COMS supervision, in 4 of 5 opportunities, by the annual review date.

[Student] will independently board and exit the school bus, locate a seat, and secure belongings, in 4 of 5 opportunities, by the annual review date.

High School and Transition
Given a signalized intersection with an audible pedestrian signal, [student] will align, initiate at the correct point in the cycle, and maintain a straight crossing line, in 4 of 5 opportunities, by the annual review date.

[Student] will independently plan and execute a public transit route requiring one transfer to a community destination, including requesting information when needed, in 3 of 4 opportunities, as measured by COMS trip logs, by the annual review date.

Upon entering an unfamiliar business, [student] will locate the service counter and request assistance using clear self-advocacy language, in 4 of 5 opportunities, by the annual review date.

[Student] will describe their visual impairment and travel needs to an unfamiliar person in a public setting when assistance is required, in 3 of 4 opportunities, by the annual review date.

Writing O&M Goals That Hold Up

Name the environment. "School hallways during passing period" is not "indoor spaces." Traffic, noise, and crowding change the task completely.

Name the technique. "Two-point touch" or "constant contact," not "walk safely."

State the independence level. With verbal cues, with COMS within arm's reach, with COMS at a distance, or fully independent. This is where most O&M goals lose their measurability.

Include frequency and consistency. "4 of 5 opportunities across three consecutive sessions" prevents a single lucky trial from closing a goal.

Build progression. Each year should extend either the complexity of the environment or the independence level. Repeating last year's route goal means the student stood still.

Requesting an O&M Evaluation

Signs worth acting on: difficulty in unfamiliar places, trouble at curbs or stairs, bumping into obstacles on one side, avoiding the cafeteria or crowded hallways, anxiety about moving independently, or dependence on a peer or adult to get anywhere new. Any of these justify a request, whether or not the student has usable vision.

Put the request in writing. Email or letter to the special education director, dated, asking specifically for an orientation and mobility evaluation. Written requests start legal timelines. Comments at a meeting often don't.

Ask what adequate service looks like. Thirty minutes a month will not produce an independent traveler. Service minutes should come from the evaluation, not from the COMS's available calendar.

If it's denied, ask for the denial in writing along with the data behind it. That documentation is what you'd need for a dispute, and requesting it often prompts a second look.

When O&M Isn't the Right Service

If the difficulty is balance, coordination, or gait rather than vision-related travel, a physical therapy evaluation may be the better fit. Some students need both, but they address different underlying issues.

If the student's mobility challenges stem from visual processing rather than acuity or field loss, standard O&M techniques may need substantial adaptation, and the evaluation should account for that.

If your child is an adult who lost vision after leaving school, this framework doesn't apply. Adult O&M is delivered through vision rehabilitation agencies and state services rather than IDEA.

The thing few people will tell a family directly: **the most common reason a student doesn't get O&M is that nobody asked.** Districts rarely volunteer the service, especially for students with usable vision, because those students look like they're managing. Managing in a familiar

building is not the same as being able to travel. If nobody has raised O&M for your child, that silence is not an assessment.

Building Independence Beyond the School Day

O&M skills are among the strongest predictors of adult independence and employment for people with visual impairment, and school-age instruction is where the foundation gets built.

New England Low Vision and Blindness works with students, families, and school teams across New England on the technology and training that support independent living and travel. If your student is also using magnification or screen access technology, our training services coordinate with the instruction they're receiving at school. For families navigating progressive vision loss, our guide to white canes and mobility aids for progressive vision loss covers what changes over time.

Schedule No-Obligation Consultation to talk through your student's independence goals and what support would help most.

Frequently Asked Questions

Does my child need to be totally blind to receive O&M services?
No. Students with significant usable vision qualify for orientation and mobility routinely. Eligibility comes from demonstrated travel needs: difficulty in unfamiliar environments, at intersections, in low light, or in crowded spaces — not from an acuity threshold. Students with field loss or night blindness often need O&M despite reading standard print comfortably.

How much O&M service should be in the IEP?
There is no standard amount. It should follow the evaluation. A student beginning cane instruction may need weekly sessions, while a proficient traveler working on community routes may need periodic intensive blocks. Watch for service levels that match staffing convenience rather than assessed need.

Will using a cane make my child stand out?
Usually less than the alternative. Students without cane skills tend to travel hesitantly, hold onto walls, or rely on a peer's arm — all far more visible than a cane, and none of them build independence. Most students report that a cane reduces unwanted attention because it explains their movement without conversation.

Related Articles

- IEP Goals for Students with Visual Impairment: SMART Framework and Goal Bank
- Expanded Core Curriculum for Visual Impairment
- White Canes and Mobility Aids for Progressive Vision Loss

About This Document

This white paper was created by New England Low Vision and Blindness. Portions of the content were generated using AI technology and reviewed for accuracy. However, the information is provided “as is” and is not intended as a substitute for professional advice or a comprehensive assessment.

About New England Low Vision and Blindness

New England Low Vision and Blindness is a leading provider of assistive technology, training, and support for people who are blind or visually impaired. We serve individuals, schools, and organizations across the Northeast with personalized solutions that empower independence and improve quality of life. To learn more or schedule a no-obligation consultation, visit NELowVision.com or call 888-211-6933. You can also email us at info@NELowVision.com.