



### Legislative Proposal:

## **Require an Orientation and Mobility (O&M) Evaluation for All Students with a Visual Impairment or Deafblindness in Texas**

### **What is Orientation and Mobility (O&M)?**

- O&M is a related service specific to students who are blind or visually impaired [Individuals with Disabilities Education Act 2004 (IDEA)].
- O&M teaches these students how to safely move in the environment and to know where they are going.
- Some examples of O&M instruction include:
  - Learning to move independently at home, in school, and in the community;
  - Learning to use the long cane to detect steps, curbs, & obstacles;
  - Using remaining vision efficiently for travel in a wheelchair;
  - Learning to ride a bus independently;
  - Learning to use sound cues to cross a street safely;
  - Learning to use environmental cues to remain oriented to a route;
  - Developing motor skills and concepts in infants to use for purposeful movement; and,
  - Using optical devices (e.g., hand-held telescopes) for distance viewing.
- O&M skills are the foundation for independence and success as an adult.
- O&M services are critical for most children with visual impairments at various points during their school career.
- Infants and toddlers, school-age children, children with multiple disabilities, children who are deafblind, those who are blind, and those with low vision all need O&M services.
- O&M is provided to children in public schools by Certified Orientation and Mobility Specialists (COMS<sup>®</sup>) who have completed an accredited university degree in orientation and mobility and who are certified through the national Academy for Certification of Vision Rehabilitation and Education Professionals.

### **Current Situation in Texas**

- In 2007-2008, there were 8,040 children with visual impairments (from birth to 21 years).
- Children from birth to three years old are served jointly by local school districts and the Early Childhood Intervention (ECI) Program. Districts are responsible for the O&M services.
- Children, ages 3-21 are served by local school districts.

- **Only 2,256 of 8,040 (31%) children with visual impairments are receiving O&M services!**
- **Only 4,039 of 8,040 (50%) have received an O&M evaluation within the past three years.**
- Only 47% of the 5,377 students with additional disabilities have received an O&M evaluation within the past three years. Only 28% receive services
- Only 53% of the 561 students with deafblindness have received an O&M evaluation within the past three years, and only 35% are receiving O&M services.
- Only 40.5% of children under the age of five have received an O&M evaluation within the past three years.

### **Problem**

- Although numerous special education laws, regulations, and rules address comprehensive evaluations, ARD committees typically have insufficient information to determine when to refer the student for an O&M evaluation. Legal generalities do not work for this specialized and unique area.
- TEC 30.002(e) requires IEPs to provide a detailed description of the arrangements made to provide the student with orientation and mobility training, but still too many students are not evaluated for the service.
- Current TEA special education rules require that the comprehensive evaluation of students evaluated for special education as a student with a visual impairment or deafblindness includes an eye doctor evaluation, a functional vision evaluation (FVE), and a learning media assessment—but not an O&M evaluation.
- The FVE, usually administered by a teacher of students with visual impairments (TVI), must address the need for an O&M evaluation. However, many TVIs, without sufficient training or expertise, (or freedom), often make inappropriate recommendations.
- Parents seldom are aware of the scope or benefits of O&M instruction for their children, so may not advocate for it.
- School administrators and other special educators are typically unfamiliar with the service or are unduly influenced by cost or convenience to provide it.
- There is a common—but devastating—misconception that very young children, students with multiple disabilities/deafblindness, and those with low vision will not benefit from O&M instruction.
- All children may not need O&M instruction every year, but most will need it at some point.

### **Solution:**

- Legislate that the Texas Education Agency amend Commissioner Rules for Special Education to require that an orientation and mobility evaluation by an appropriately certified O&M specialist be a part of the initial full and individual evaluation for every student considered for eligibility for special education as visually impaired or deafblind. [See TAC 89.1040(c)(12)]
- For each student with a visual impairment or deafblindness, require a certified O&M specialist be a member of the multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility. [See TAC 89.1040(b)(2) and (c)(12)]
- Require that the O&M evaluation address O&M needs in a variety of environments (home, school, community), situations (day, night), and in unfamiliar settings.

### **Impact of Requiring O&M Evaluations**

- More students currently not considered due to age or additional disabilities will receive O&M evaluations and services
- More students with low vision, who may function adequately in familiar environments, but have difficulty in unfamiliar or poorly lit environments or at night, will receive evaluations and services.



- More students will receive earlier access to O&M services, increasing their independence in their home, school, and communities, reducing the need for other costly supports.
- Knowledge of the scope and benefits of O&M services will increase for both parents and school personnel.
- Students who are proficient, independent travelers are more likely to become confident, independent, successful adults.

**Fiscal Impact**

- An estimated 1,300 additional students will need evaluations each year over a 3-year period following implementation of required O&M evaluations. (8,040-4,039=3,901; 3,901/3=1,300)
- Over 75% of the 737 districts with students with visual impairments have 10 or less students with visual impairments. And 50% have less than 3!
- At an average of \$300 per evaluation, the resulting cost should be easily absorbed by most local ECI and district budgets.
- Not all students with visual impairments who are evaluated will need O&M services. Needs will vary over the course of the student's life and must be tailored to individual age-appropriate travel environments—based on the evaluations!
- Early O&M instruction alleviates many of the motor and travel problems that result when students go without services (e.g., gait and posture problems, fear of movement, self-taught methods that may be inefficient and unsafe, personal safety issues, etc.), and may reduce the need for other related services or paraprofessionals.
- Texas will save money over time because there will be less need for O&M services from adult rehabilitation programs when these students become adults. The students will have obtained the skills needed for independent travel during their public school years making them better prepared to enter the world of work and become tax-paying citizens.
- Any cost increases are simply a result of bringing Texas into compliance with the IDEA.

**Relevant Legal Citations**

- **TEC 30.002 Education of Children with Visual Impairments**
- **Texas Administrative Code (TAC) Title 19, Chapter 89. Adaptations for Special Populations, Subchapter AA: Commissioner's Rules Concerning Special Education Services**  
89.1040(b)(2)  
89.1040 (c)(12) *Eligibility Criteria: Visual impairment.*  
§89.1131(e). *Qualifications of Special Education, Related Service, and Paraprofessional Personnel*
- **Individuals With Disabilities Education Act (2004)**  
§300.34 *Related Services*

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The Alliance of and for Visually Impaired Texans (AVIT) is a non-profit coalition of 26 member organizations committed to speak on behalf of children and adults with visual impairments. We include organizations of parents, consumers, educators, medical professionals, and other service providers.

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