



THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*

DISTRICT 75
DR. SUSAN ERBER, *SUPERINTENDENT*

Parent Consent for Indoor Independent Travel

Date _____

Student Name _____

OSIS _____

Home Address _____

Home Telephone _____

School _____

School Telephone _____

Based on your child’s performance during orientation and mobility lessons, and evaluations conducted by the EVS orientation and mobility staff, your child is being recommended for the indoor independent travel within the school or job site as checked below. This independent travel recommendation applies only to the travel that has been checked and specified.

Independent travel in school means travel that takes place outside of your child classroom in school or job site during the school day in accordance with school policy, under conditions of typical school supervision, and without the one-to-one participation of school personnel. This recommendation requires your consent and signature to take effect.

Feel free to contact the orientation and mobility teacher, EVS vision teacher, or borough supervisor to review these recommendations. Return your signed consent to your child’s orientation and mobility teacher or vision teacher. Do not sign this if you do not want your child to travel independently indoors.

Student name _____ **is recommended for independent travel for:**

_____ **Travel within school or job site**

_____ **Other**

Specify route in detail: _____

Student uses: Cane _____ **Yes** _____ **No**

O&M teacher signature _____ **Date** _____

I have read and understand this recommendation regarding my child’s independent travel. I give consent for my child to travel independently for the travel tasks that appear above.

Parent signature _____ **Date** _____

cc. School Principal