



**S.O.A.R. 2022 PARTICIPANT APPLICATION**

**Summer Orientation and Mobility and Adapted Living Resource Program  
Sunday, June 5 – Saturday, June 25, 2022**

By Friday, **JANUARY 31, 2022**, submit the completed application ***and*** a copy of your most recent IEP Present Level of Performance, 504 Accommodation Plan, or other relevant documentation which describes your visual impairment and current skill levels. You **MUST** include the name and contact information of your Teacher of the Visually Impaired, O&M Specialist and/or Rehabilitation Services for the Blind Case Manager for your application to be considered complete. COVID vaccines are highly recommended for all program participants. LHB will follow all federal, local, and state requirements. For the safety of our staff and program participants, LHB will follow CDC guidelines with regard to masks, social distancing, regular hand washing, etc. Please contact Kevin Hollinger, Director S.O.A.R., with questions at 636-578-0124 or [soar@lhbindustries.com](mailto:soar@lhbindustries.com).

Email or mail the paperwork to Angie Yorke at the Lighthouse for the Blind – St. Louis  
Angie Yorke: 10440 Trenton Avenue St. Louis, MO 63132  
phone: 314-423-4333 x132 [ayorke@lhbindustries.com](mailto:ayorke@lhbindustries.com)

**PARTICIPANT INFORMATION:**

Participant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age in June 2022: \_\_\_\_\_ Biological Sex: M  F

Participant Mobile Phone: \_\_\_\_\_ Parent Mobile Phone: \_\_\_\_\_

Participant Email: \_\_\_\_\_ Parent/Guardian Joint Custody: Yes  No

Parent/Guardian Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Email: \_\_\_\_\_

Current School District: \_\_\_\_\_ 2021-22 Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Vision Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

O&M Specialist: \_\_\_\_\_ Email: \_\_\_\_\_

RSB Counselor: \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously participated in S.O.A.R. or another similar residential program for individuals with visual impairments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, where: _____
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Do you attend or have you attended a State School for the Blind?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, where: _____
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Please select preferred reading medium:	<input type="checkbox"/> Regular Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Braille (Hard Copy)	<input type="checkbox"/> Electronic
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Please indicate any known absences during the program and the reason:

Date(s): \_\_\_\_\_ Reason: \_\_\_\_\_

**MEDICAL INFORMATION:**

Visual Diagnosis: \_\_\_\_\_

Visual Acuities: \_\_\_\_\_ (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_ (both eyes)

Medical Diagnoses – select all those that apply:

<input type="checkbox"/> NONE	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Asthma	<input type="checkbox"/> ADHD	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Oppositional Defiant Disorder
<input type="checkbox"/> Other (Describe): _____				

Do you take prescription medications?  YES  NO

Do you require a nurse or another person to administer your medication?  YES  NO

Do you have diet or dietary restrictions?  YES  NO

Dietary explanation: \_\_\_\_\_

Do you have any allergies or food allergies?  YES  NO

Allergy explanation: \_\_\_\_\_

### **ADDITIONAL INFORMATION:**

- Do you currently have an open case with Rehabilitation Services for the Blind?  YES  NO
- Do you utilize a long, white cane for mobility?  YES  NO
- What size t-shirt do you prefer?  S  M  L  XL  2XL  3XL
- Do you utilize assistive technologies for daily living or travel skills?  YES  NO

Please list devices: \_\_\_\_\_

**Sports Camp** occurs concurrently with S.O.A.R. All S.O.A.R. participants participate in the Sports Camp activities, such as: Bowling; Rock Climbing; Track & Field; Goalball; Swimming and Beep Baseball.

Do you have a shunt? Yes  No

Are you able to participate in contact sports? Yes  No

If no, please explain why not: \_\_\_\_\_

### **PARTICIPANT SELF-REFLECTION ESSAY**

Each applicant must write an essay describing why they are interested in attending S.O.A.R. and why they are a strong candidate for this competitive program. The essay should outline, at minimum: (1) domains of instruction they are interested in and why, (2) their strengths in the areas of daily living and mobility, (3) domains that challenge them as an individual, and (4) what other opportunities they hope to have while attending the S.O.A.R. program. The essay must be submitted electronically or in print at the same time as the application and skill assessment checklists. This essay is a critical component of participant selection.

### **ADL AND O&M SKILL CHECKLISTS**

The application will not be considered unless all checklists are completed by the specified person. Additionally, if the checklists scored identically, the application will not be considered complete – we want a realistic perspective from the applicant, parent/guardian and instructor(s). If the participant does not have a TVI and/or O&M Specialist at this time, please indicate that on the form.

- A. The participant must complete an ADL Assessment
- B. The participant must complete an O&M Assessment.
- C. The parent/guardian must complete an ADL Assessment.
- D. The parent/guardian must complete an O&M Assessment.
- E. A Teacher of the Visually Impaired must complete an ADL Assessment.
- F. An Orientation & Mobility Specialist must complete the O&M Assessment.

## PARTICIPANT ADL SELF-ASSESSMENT ~ PRE-S.O.A.R. 2022

Applicant Name: \_\_\_\_\_

ADAPTIVE SKILL AREA	COMPLETELY INDEPENDENT	I NEED SOME HELP SOMETIMES	I NEED A LOT OF HELP	I' VE NEVER TRIED	NOT APPLICABLE
Use of large Kitchen Appliances (stove top, oven, grill, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of small Kitchen Appliances (microwave, blender, toaster, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipe use / Meal Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife skills (slice, chop, spread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Etiquette (scooping, cutting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety (temperatures, sanitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Disposal & Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Maintenance (washing dishes, dish washer, drying, organization, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance (vacuuming, dusting, mopping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Maintenance (toilet, bathtub, and sink cleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (washing machine & dryer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (clothes labeling, organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (folding, hanging, ironing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed-Making (fitted sheet, sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management (budgeting, tipping, ATM, folding/labeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene / Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resume Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA rights for persons with Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PARTICIPANT O&M SELF-ASSESSMENT ~ PRE-S.O.A.R. 2022

Applicant Name: \_\_\_\_\_

<b>ORIENTATION &amp; MOBILITY</b>	<b>COMPLETELY INDEPENDENT</b>	<b>I NEED SOME HELP SOMETIMES</b>	<b>I NEED A LOT OF HELP</b>	<b>I' VE NEVER TRIED</b>	<b>NOT APPLICABLE</b>
Familiar outdoor travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar outdoor travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing 4-lane stop light intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing 6+ lane stop light intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address / Number Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving / Receiving Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map Making for orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map Reading / Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telescope for low vision travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPAD for travel / orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held GPS device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Pedestrian Signal (APS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalator Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store / Mall Navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transit (Bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transit (Train / Metro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Travel on public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PARENT / GUARDIAN ADL ASSESSMENT ~ PRE-S.O.A.R. 2022**

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Applicant : \_\_\_\_\_

ADAPTIVE SKILL AREA	COMPLETELY INDEPENDENT	I NEED SOME HELP SOMETIMES	I NEED A LOT OF HELP	I' VE NEVER TRIED	NOT APPLICABLE
Use of large Kitchen Appliances (stove top, oven, grill, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of small Kitchen Appliances (microwave, blender, toaster, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipe use / Meal Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife skills (slice, chop, spread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Etiquette (scooping, cutting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety (temperatures, sanitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Disposal & Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Maintenance (washing dishes, dish washer, drying, organization, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance (vacuuming, dusting, mopping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Maintenance (toilet, bathtub, and sink cleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (washing machine & dryer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (clothes labeling, organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (folding, hanging, ironing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed-Making (fitted sheet, sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management (budgeting, tipping, ATM, folding/labeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene / Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resume Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA rights for persons with Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PARENT / GUARDIAN O&M ASSESSMENT ~ PRE-S.O.A.R. 2022**

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

<b>ORIENTATION &amp; MOBILITY</b>	<b>COMPLETELY INDEPENDENT</b>	<b>I NEED SOME HELP SOMETIMES</b>	<b>I NEED A LOT OF HELP</b>	<b>I' VE NEVER TRIED</b>	<b>NOT APPLICABLE</b>
Familiar outdoor travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar outdoor travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing 4-lane stop light intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing 6+ lane stop light intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address / Number Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving / Receiving Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map Making for orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map Reading / Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telescope for low vision travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPAD for travel / orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held GPS device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Pedestrian Signal (APS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalator Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store / Mall Navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride-Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transit (Bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transit (Train / Metro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Travel on public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TVI ADL ASSESSMENT ~ PRE-S.O.A.R. 2022

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

ADAPTIVE SKILL AREA	COMPLETELY INDEPENDENT	I NEED SOME HELP SOMETIMES	I NEED A LOT OF HELP	I' VE NEVER TRIED	NOT APPLICABLE
Use of large Kitchen Appliances (stove top, oven, grill, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of small Kitchen Appliances (microwave, blender, toaster, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipe use / Meal Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife skills (slice, chop, spread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Etiquette (scooping, cutting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety (temperatures, sanitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Disposal & Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Maintenance (washing dishes, dish washer, drying, organization, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance (vacuuming, dusting, mopping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Maintenance (toilet, bathtub, and sink cleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (washing machine & dryer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (clothes labeling, organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry (folding, hanging, ironing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed-Making (fitted sheet, sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management (budgeting, tipping, ATM, folding/labeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene / Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resume Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA rights for persons with Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## O&M SPECIALIST ASSESSMENT ~ PRE-S.O.A.R. 2022

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

<b>ORIENTATION &amp; MOBILITY</b>	<b>COMPLETELY INDEPENDENT</b>	<b>I NEED SOME HELP SOMETIMES</b>	<b>I NEED A LOT OF HELP</b>	<b>I' VE NEVER TRIED</b>	<b>NOT APPLICABLE</b>
Familiar outdoor travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar outdoor travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing 4-lane stop light intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing 6+ lane stop light intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address / Number Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving / Receiving Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map Making for orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map Reading / Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telescope for low vision travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPAD for travel / orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held GPS device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Pedestrian Signal (APS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalator Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store / Mall Navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride-Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transit (Bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transit (Train / Metro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Travel on public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S.O.A.R. – St. Louis and/or Sports Camp Release Information  
Lighthouse for the Blind – St. Louis  
10440 Trenton Avenue  
St. Louis, Missouri 63132

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**PUBLICITY RELEASE**

I hereby authorize and give permission for the participant's name, photograph, video and/or other identifying information (such as age, eye condition, etc.) to be used by the Lighthouse for the Blind – St. Louis for publicity / collaborative / training purposes. I understand such uses may include brochures, newsletters, website entries, press releases, or written stories without payment or any other compensation. I further understand some uses may be for information and material sent to other organizations/companies (newspapers, television, radio, conference presentations, etc.) and that the materials will become the property of the Lighthouse for the Blind – St. Louis and will not be returned.

**RELEASE OF INFORMATION**

I hereby authorize and give permission to the Lighthouse for the Blind – St. Louis to obtain and/or provide information to the participant's school district(s) and related professionals, optometrist/ophthalmologist, State Rehabilitation Services for the Blind, or other educational institutions for programming and collaboration regarding the participant listed below.

Participant (If participant is 18 years of age or **older**):

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Parent / Guardian (If participant is 17 years of age or **under**):

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_