Transition Self-Advocacy Portfolio of:

About My Orientation & Mobility (O & M) / Travel Skills

(Levels: Mastered; Some experience/Still developing; No experience; OR Not applicable)

 with assistance OR independently;

1. I am able to travel around a room Choose an item. Choose an item.
2. I am able to travel around a building. Choose an item. Choose an item.
3. I am able to travel around my neighborhood. Choose an item. Choose an item.
4. I am able to travel around my community. Choose an item. Choose an item.
5. I am able to travel at night. Choose an item. Choose an item.
6. I am able to travel in unfamiliar environments. Choose an item. Choose an item.

 I can describe my Mobility / Travel needs and preferences:

 I can advocate for the following accommodations to support my Mobility / Travel:

Action Plan:

 Goals for “Mobility / Travel” center on moving around and among environments effectively.

 **Goal 1:**

 **Goal 2:**

 **Notes (including Action Steps, Dates, and Person(s) Responsible):**