



Part 3 – Functional assessment of a person with a visual impairment

This part must be completed by a specialist in mobility orientation.

The information provided is confidential and for the sole use of the eligibility committee.

PLEASE PRINT

Identification of person

Surname	Given name
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Address of residence	No.	Street	Apartment no.	Municipality	Postal code
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1. Is the person now able to orient himself in space or mastering situations that could endanger his safety during trips?

Yes

No. If not, is the person incapable :

At all times

In the evening only

In the winter only

For unfamiliar trips

On very complicated trips

2. Is the inability to orient himself in space or master situations that could endanger his safety attributable to ?

Visual impairment only

Another impairment, specify _____

3. Is the person now taking or will be taking training in mobility orientation, including learning how to use regular public transport ?

Yes, supervised by _____ Beginning date _____ / _____

No, why not ? _____

Note : The content of this form is prescribed by the Ministère des Transports du Québec.

4. Does the person nevertheless now travel without assistance ?

No

Yes, on what trips ?

On all trips at any time, except in the evening

On all trips at any time, except in winter

On certain trips only – specify

ORIGIN

DESTINATION

5. This part was completed by :

Name : _____

Function : _____ Telephone n^b : _____

Year Month Day

Signature of mobility
orientation specialist or
authorized professional _____ Date ____ / ____ / ____

Note : The content of this form is prescribed by the Ministère des Transports du Québec.