**Model Program for Use of Paraeducators in Orientation and Mobility Instruction**

# Statement of Purpose

This position paper is intended to provide guidance as a best practice model for Certified Orientation and Mobility Specialists (COMS) to prepare paraeducators to reinforce specific orientation and mobility (O&M) skills taught by the COMS.

# Background

In the 1960s, it was believed that 500 O&M specialists in the United States would be enough to meet the needs of individuals with visual impairment. Over the years it quickly became clear that a much larger number would be necessary to meet the needs of children and adults. In 2024, with 3,359 COMSs certified by the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) and approximately 100 NOMC certified by the National Blindness Professional Certification Board (NBPCB), the gap between the number of instructors prepared for service and those individuals with visual impairment needing service continues to be great.

With the knowledge that O&M service has not been able to keep up with demand, the Orientation and Mobility Division of AER has proposed on two previous occasions to develop programs to prepare Orientation and Mobility Assistants (OMA) (Wiener &Sifferman, 2010). In 1988 the O&M Division of AER adopted an OMA position paper. This first attempt was aided by a federal grant that proposed a “Trainer of Trainers” model. A curriculum was prepared based upon the data gathered for the position paper. Conferences were held across the country to prepare trainer supervisors of OMAs (Wiener & Hill, 1993). During this time 130 trainer-supervisors were prepared, only to find that they trained only 13 OMAs. The reasons for this lack of success included insufficient time to provide the training, lack of funding to hire OMAs, and the limited skills that could be provided by the OMA.

In 2004 the O&M Division of AER adopted a different approach with an OMA position paper that proposed joint preparation of assistants by universities and employers. Assistants were to receive six credit hours of academic instruction from university programs with the practicum skills portion to be provided by the agencies and schools which employed them. Unfortunately, the universities did not have the bandwidth to add these six credit hours to their busy academic schedules, and the program never materialized. Therefore in 2022 the O&M Division of AER rescinded the position papers.

In 2020, to better understand the current interests of the field in relation to the need for O&M assistants, ACVREP conducted a national survey of COMS. From this survey it was learned that the respondents did not believe that employers would have the resources to hire O&M assistants (K. Zeider, personal communication, June 5, 2024). Also learned from the survey was that seventy-five percent of the respondents felt that paraeducators who are already employed in education could be trained to take on some of the responsibilities in O&M service.

With the gap remaining between need and availability of service, the O&M Division of AER once again began to strategize on how to improve O&M service. In 2023, the Professional Issues Committee was charged with the responsibility of examining the use of paraprofessionals and making recommendations that would become a new position paper addressing the topic.

This Professional Issues Committee, after reviewing the history and examining the data, has concluded that assigning O&M responsibilities to a specific individual who must be hired by an agency or school would not be successful. The role of that individual would be too narrow, and the funding would be better allocated to hiring a fully prepared professional. However, the Professional Issues Committee recognized that paraeducators who are currently employed in the school systems and possibly in other settings could be prepared to provide reinforcement of O&M skills that are prescribed by a COMS. The Professional Issues Committee has thus concluded that a program that utilizes existing paraeducators would have better acceptance and functionality than a standalone paraprofessional specific to O&M service. Therefore, a Paraeducator in Orientation and Mobility program is being proposed through this position paper. It is recognized that such a program is best suited for implementation in school settings, but in some highly structured agencies, it might also be possible.

## Definition of Paraeducators

The term paraeducator is a derivative of the term paraprofessional. A paraprofessional in education is defined as an individual who is employed in a preschool, elementary school, or secondary school under the supervision of a certified or licensed teacher, including individuals employed in language instruction educational programs, special education, and migrant education.

(Every Student Succeeds Act [ESSA] Section 3201, 20 United States Code [U.S.C.] Section 7011[11]). The term, ‘‘paraprofessional,” also known as ‘‘paraeducator,’’ includes an education assistant and instructional assistant (ESSA Section 3201, 20 U.S.C. 8108[37]).

# Use of Paraeducators in O&M Instruction

The O&M specialist provides direct instruction in concept development, environmental and community awareness, and motor development. Additionally, the O&M specialist is responsible for more advanced O&M skills instruction, such as cane instruction and street crossings. The literature has repeatedly stated that the O&M specialist may role release some basic instructional duties to teachers, parents, or paraprofessionals who interact with a student regularly (Cmar et al., 2015; Griffin-Shirley et al.; Jacobson, 1993; 2006; Hatton et al., 2003; McEwen, 2009;).

The O&M specialist serves as a member of the transdisciplinary team in developing and implementing IEPs for children with visual impairments (Joffee & Ehresman, 1997). O&M instruction in public school settings should be broadly conceived and involve a child-centered, collaborative, and transdisciplinary team approach to meet the needs of a diverse population of children with visual impairments (Silberman, Sacks, & Wolffe, 1998; M. Smith & Levack, 1996). This diverse population may include infants, toddlers, preschoolers, children, and youth with visual impairments including those with additional disabilities and children with low vision (Griffin-Shirley, Kelley, & Lawrence, 2006).

Based upon these long-held beliefs, a transdisciplinary approach becomes the most appropriate option for working with students with visual impairment and multiple disabilities because it allows different members of the team to perform specific functions associated with another member’s traditional role. The role-release approach not only benefits the child but also enriches the professionals by incorporating and sharing information, skills, and perspectives of a variety of disciplines (Bailey & Head, 1993; Kelley et al., 1993). To be effective, O&M instruction should be infused into school curricula and activities, supported, and reinforced by all individuals connected with the student (Griffin-Shirley et al., 2000).

# Preparation of Paraeducators in O&M Instruction

This position paper proposes that the preparation of paraeducators should be conducted by O&M specialists as part of ongoing in-service education activities. In-service activities should provide a broad understanding of the role of the O&M specialist and the goals of the O&M program. O&M in-service activities should also focus on the specific skills that will be employed by paraeducators who serve their students. The skills to be reinforced by the paraeducator should be specific to the needs of the students they serve and be aligned with the roles authorized by the profession.

# Initial Assessment Questionnaire

In order to develop the roles and responsibilities for paraeducators in O&M, it was necessary to gather information from experienced COMS. As part of this process, it was decided to obtain a listing of skills that could become role responsibilities for paraeducators. From this listing, a questionnaire was developed to provide an opportunity for COMS to indicate which of the skills are suitable for paraeducators to either teach or reinforce.

Due to the need to find alternative ways to deliver service, the Atlantic Provinces Special Education Authority (APSEA) had been defining a list of competencies and had developed a document that organized O&M skills into a set of guidelines. With permission from APSEA, this document formed the basis for the development of a questionnaire establishing the foundation for this research. While the guidelines were not developed through research and were not peer reviewed, they contained the possible role responsibilities to be considered. The APSEA O&M Delivery Guidelines were therefore studied and modified by the Professional Issues Professional Issues Committee to include the major roles of the O&M specialist as identified by the profession.

# Creation and Dissemination of Questionnaire

The Professional Issues Professional Issues Committee determined that a Delphi study would be the best way to gain agreement on which skills and roles a paraprofessional could provide regarding O&M service for children and adults. A Delphi study uses multiple groups of experts responding to multiple rounds of questionnaires to establish consensus on a controversial topic (Biederbeck, et al., 2021).

An online survey was developed from the list of APSEA Delivery Guidelines. The study participants included a group of fifteen university faculty from O&M programs and a group of 21 COMS who had been in the field for at least five years (Kaiser et al., Manuscript in progress). Participants were asked to rate and provide comments on each skill for the role that a paraprofessional could serve. They were able to evaluate each skill and determine if each was appropriate for a paraprofessional to teach, reinforce, or if it was not appropriate for either. An acceptable level for consensus was set at 70% agreement for each group. Items that did not reach 70% agreement were addressed again in a round two questionnaire with the added rationale comments from the first survey provided to participants. The survey asked the participants to rate fifty-five indoor skills and twenty-four outdoor skills ranging from basic skills to more advanced outdoor travel. Items that were accepted as being appropriate for paraeducators were those that met the 70% agreement level for both groups. There were no items for which a direct teaching role was deemed appropriate by both groups. Consensus was reached that a reinforcing role for a paraprofessional could be appropriate for forty-eight indoor skills and four outdoor skills as indicated in Table 1 below.

# Conclusion

## Roles of Paraeducators in O&M Instruction

This paraeducator model recognizes 1) the need for ancillary personnel to reinforce the instruction provided by COMS and 2) the lack of resources available to hire individuals specifically dedicated to providing such service. By turning to general paraeducators who are already employed to serve students with various disabilities, it is possible to help overcome resource restraints. In school settings under this model, IEP team members may recommend that students receive reinforcement and practice between lessons with their COMS. It will then be up to the COMS to determine which paraeducator would be most appropriate to work with the student, which skills the paraeducator is prepared to reinforce from Table 1 below, and when the paraeducator has reached the level of understanding and skill necessary to reinforce the student.

While it is clear that the proposed model fits best in education and early childhood education settings, a similar approach may be possible in some settings that serve adults. Adult rehabilitation service has many of the same constraints as the school systems in not having enough O&M service and professionals available. For a paraeducator model to be effective in adult rehabilitation, it should be implemented in a highly structured organization with a support system and a steady number of consumers.

Preparation of the paraeducator would be the responsibility of the COMS. Preparation may include orientation sessions, lesson observations, and use of reference materials. Skills listed in Table 1 (below) are specific to the indoor or outdoor environment. Many of the skills listed can involve conceptual aspects as well as hands-on activities. The outdoor skills listed are conceptual in nature and do not include reinforcing cane travel in the outdoor environment. These skills, such as “using cardinal directions and orientation strategies,” may be reinforced in the classroom as well as outdoors while walking human guide with a paraeducator.

The following table identifies the O&M skills that can be reinforced by a paraeducator or related personnel:

Table 1: Role Consensus

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| **Indoor Skills** |
| Body image |
| Laterality |
| Turns |
| Directionality |
| Positional concepts |
| Time-distance concepts |
| Geometric shapes |
| Identification of sounds |
| Localization of sounds |
| Using echolocation |
| Using of unaided vision |
| Human guide technique |
| Squaring off |
| Taking direction |
| Upper body/forearm protective technique |
| Lower body protective technique |
| Trailing |
| Systematic search patterns |
| Locating dropped objects |
| Identifying and using landmarks |
| Identifying and using clues and information points |
| Spatial awareness |
| Cardinal directions |
| Self-familiarization to an unfamiliar room |
| Auditorium seating |
| Travel in classroom -auditory, tactile, and visual landmarks |
| Following directions to travel an indoor route |
| Creating new routes between indoor objectives |
| Using numbering systems |
| Using tactile and auditory maps |
| Soliciting aid (indoors) |
| Familiarization to the long cane |
| Cane storage |
| Cane positioning with a guide |
| Diagonal cane technique |
| Reaction to cane contacting objects |
| Navigating around contacted objects with the cane |
| Traveling through doors with the cane |
| Diagonal trailing technique |
| Touch technique |
| Constant contact technique |
| Trailing with touch and constant contact techniques |
| Three-point touch/search indoors |
| Ascending stairs with the cane |
| Using indoor numbering systems |
| Using elevators (campus, familiar) |
| Using school cafeteria – carrying objects/tray, line |

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| --- |
| **Outdoor Skills** |
| Learning street names in the school or agency vicinity |
| Using cardinal directions and orientation strategies |
| Using address numbering systems |
| Soliciting assistance |

Reinforcement of O&M skills by a paraeducator or paraprofessional should never be used as a replacement for direct service time from a certified O&M specialist. It should be used as a supplement to increase practice in between lessons from the O&M specialist. In order for this model to function, the O&M specialist must be in control of the entire process. Without being able to choose the appropriate paraeducator and determine the lessons to be prescribed, the risk and liability to the O&M specialist would be increased, and the safety of the learner would be in jeopardy. If these factors cannot be controlled, the approach should not be used. In the future, training modules for the paraeducator should be developed and validated through further research.

For school age children:

If the IEP team determines that a student would benefit from reinforcement of O&M skills by a paraeducator or other individual, the following process should be discussed and noted in the IEP:

1. The skills and the level of reinforcement (verbal and/or physical prompts) should be specified in the accommodations section of the IEP and should include when such reinforcement should take place (i.e. – during recess, transitions in the building, etc.)
2. In the section where support for staff is discussed, it should be specified how the O&M specialist will provide the instruction for the paraeducator and what it will include (human guide, trailing, protective techniques, etc.), so that the limit of in-service is clear.
3. It should be noted in the Prior Written Notice that the person providing reinforcement of skills will be limited to what is specified in the IEP and that it is limited to reinforcement and does not constitute instruction. Initial instruction will only be provided by an orientation and mobility specialist.
4. The paraeducator must keep comprehensive progress notes and share that information with the O&M specialist and key stakeholders on a predetermined time interval.

For adults:

When additional reinforcement would be beneficial, the O&M specialist may obtain the assistance of a family member, personal care assistant, or person designated by the client or care team to provide such service. In these cases, the following process should be followed:

1. Service provided by the paraprofessional or other individual will be limited to reinforcement of those skills identified by the O&M specialist from the above listing in this position paper. Initial instruction can only be provided by an O&M specialist.
2. The skills and the level of reinforcement to be provided (verbal and/or physical prompts) should be specified in the lesson plan.
3. A separate document should be maintained that specifies how the O&M specialist will provide the instruction and what it will include.
4. Case notes should identify the person receiving instruction for reinforcement of skills, what was taught, their performance, and those notes should be shared with the O&M specialist.

**References**

Bailey, B., & Head, D. (1993). Providing O&M services to children and youth with severe multiple disabilities, *RE:view, 24,* 57-66.

Cmar, J. L., Griffin-Shirley, N., Kelley, P., & Lawrence, B. (2015). *The role of the orientation and mobility specialist in public schools.* Position paper of the Division on Visual Impairments and Deafblindness. Arlington, VA: Council for Exceptional Children.

Griffin-Shirley, N., Kelley, P., & Lawrence, B. (2006). *The role of the orientation and mobility specialist in the public school.* Position paper of the Division on Visual Impairments, Council for Exceptional Children. Arlington, VA: Council for Exceptional Children.

Hatton, D. D., McWilliam, R. A., & Winton, P. J. (2003). *Family-centered practices for infants and toddlers with visual impairments.* Chapel Hill: Early Intervention Training Center for Infants and Toddlers with Visual Impairments, FPG Child Development Institute, The University of North Carolina at Chapel Hill.

Jacobson, W. H (1993). *The art and science of teaching orientation and mobility to persons with visual impairments.* New York, NY: AFB Press.

Kaiser, J. T., Wiener, W., Siffermann, E., & Casias, N. (Manuscript In Progress). A Delphi approach to examining the role of paraprofessionals in orientation and mobility.

Joffee, E., & Ehresman, P. (1997). Learners with visual and cognitive impairments. In B. Blasch, W. Wiener, & R. Welsh (Eds.), *Foundations of orientation and mobility* (2nd ed., pp. 483-499). New York, NY: AFB Press.

McEwen, I. R. (2009). *Providing physical therapy services: Under Parts B & C of the Individuals with Disabilities Education Act (IDEA).* Alexandria, VA: Section on Pediatrics, American Physical Therapy Association.

Smith, M., & Levack, N. (1996). *Teaching students with visual and multiple impairments.* Austin, TX: Texas School for the Blind and Visually Impaired.

Silberman, R. K., Sacks, S. Z. & Wolffe, J. (1998). Instructional strategies for educating students who have visual impairments with severe disabilities. In S. Sacks & R. Silberman (Eds.), *Educating students who have visual impairments with other disabilities* (pp. 101-138). Baltimore, MD: Paul H. Brookes.

Wiener, W. & Hill, E. (1993). An innovative model for training orientation and mobility

assistants. *Journal of Visual Impairment and Blindness, 87(5),* 134-137.

Wiener, W, & Siffermann, E. (2010), History and progression of the profession of

orientation and mobility. In W. Wiener, R. Welsh & B. Blasch, (Eds.), *Foundations of orientation and mobility* (3rd ed., pp. 486-532). New York, NY: AFB Press.