

SET-BC High Tech Eye Gaze Screening

This is a collaborative conversation guide for teams determining readiness for eye gaze technology trials. It can also be used to determine modifications required to support student success with high tech device trials.

Please complete the questions below and consult with your TSVI/OT/SLP/PT as needed. Please include a CVI report for students with confirmed/suspected Cortical/Cerebral Visual Impairment (CVI).

Student Name:	Completed By:
School:	Role:
Age:	Date:

Cognition and Communication:

Questions	Yes	No
Can indicate yes and/or no (or continuation and/or refusal of activity) with multimodal communicative expressions (e.g. body language, reaching, gestures, vocalizing, AAC device, speech, etc.)		
Has an existing augmentative and alternative communication (AAC) system		
Has tried low-tech eye gaze communication system (e.g. E-Tran board)		
Uses gaze to make choices (e.g. between two objects or symbols)		
Can follow a single-step command (e.g. "look at the balloon")		
Can sustain alertness and visual attention to activities		
Can participate in daily practice for skill development		

Comment (level of alertness, visual attention, communication):

Please describe the following:	
Interests and motivations:	
Activity tolerance window (how long can the student attend to learning activities):	
Timing of any medications that may affect alertness:	

Practice and Supports:

Questions	Yes	No
1-2 consistent adults are available daily for eye gaze skill practice and device troubleshooting		
School team members can learn and support a high-tech eye gaze system		
School team members are willing to commit the ongoing time requirements to trial and support the technology		
School team can put program plans in place to allow for daily practice		

Questions	Yes	No
Student does not have health or other concerns affecting ability to participate in daily technology skill development		

Comment:

Physical Access:

Questions	Yes	No
Has tried other access methods		
Can't engage in play activities using their limbs		
Can't point toward items with their head (e.g. toys, animals, books, pictures)		

Comment (describe access methods tried if any e.g. touch, switch, joystick, etc.):

Vision:

Questions	Yes	No
Has had an eye exam within the last year		
Does not have visual perceptual concerns affecting eye gaze skill development		
Can hold their gaze on an object for at least one second		
Can track an object moving vertically and horizontally		
Visual function is stable		

Please describe any accommodations needed for vision (e.g. glasses/vision aids, high contrast, large font, lighting, etc.):

Additional comments (light sensitivity, involuntary eye movements, visual fatigue, visual field preferences, cortical/cerebral visual impairment, ptosis/droopy eyelids):

Positioning:

Questions	Yes	No
Student can maintain an upright head position		
Student does not have frequent position changes throughout the day		

Comment (e.g. positioning schedule):

Please list all positioning and mobility devices used at school:

Environments:

Questions	Yes	No
Student will use eye gaze in multiple environments		

Comment (describe environments including related positioning needs):

Summary and Plan:

This screening form is adapted from the ACETS Eye Gaze Technology Screening Checklist (2012) with permission from Alberta Children’s Hospital Augmentative Communication and Educational Service.

Please discuss results as a team. If many or most responses indicate “no”, high tech eye gaze technology may not be the best fit for the student presently due to a high number of challenges identified. Teams are encouraged to explore:

- Further collaboration involving TSVI, OT, SLP and further investigation (e.g. communication matrix, AAC/CVI matrix, motor skills)
- Practice with low tech:
 - o Choice-making using objects or visuals
 - o E-Tran board using objects (whole or partial) or visuals
 - o Object communication and calendar system