



Eye Gaze Observation Form

This form is a tool to assist the Augmentative and Alternative Communication (AAC) evaluation process and to identify the potential needs of implementing eye gaze technology for communication. The form should be completed in collaboration with the entire team supporting the person using AAC.

Name: _____ **Date:** _____

General Vision Condition

This section can be completed without a device. Information collected in this section helps pre-determine the positioning and calibration options. Check all conditions that apply to the AAC user.

Eyewear

- Glasses
- Lined bifocals
- Contact lenses
- N/A
- Other: _____

Eyewear may impact outcomes due to light reflection or movement of the lenses, etc. Take this into account when identifying the best positioning and calibration options.

Eye Health Condition

- Normal visual acuity
 - Left
 - Right
- Myopia/Nearsighted
 - Left
 - Right
- Hyperopia/Farsighted
 - Left
 - Right

- Quadrantanopia
 - Left
 - Right
- Neglect
 - Left
 - Right
- Other: _____

Various eye health conditions can impact outcomes by changing eye movement patterns or impeding eye tracking device readings.

Eye gaze calibration settings can be adjusted to accommodate many conditions.

Eye Closure

- Partial
 - Left
 - Right
- Complete
 - Left
 - Right

Changing angle, position, distance of device and/or wheelchair position (such as tilt) can help increase the visual field to read the screen.

Eye Movement

- Involuntary
 - Left
 - Right
- Move eyes separately from head
 - Left
 - Right
- Blink on command
 - Left
 - Right
- Tracking (direction, speed): _____
- Other: _____

Sometimes eyes don't track together. This information helps identify best fit for positioning and calibration options.

Intended Uses

Environment

- Outdoor
- Indoor
- Multiple Locations
- Other: _____

Consider an eye gaze device that works well outdoors and has more tolerance for position changes and body movement.

Activities

- Independent use
- Use with a communication partner
- Use computer functions and software applications
- Use for environmental control (lights, TV, phone, air conditioner, door, etc.)
- Other: _____

Help determine the eye gaze activities, especially at the beginning to engage the user in practicing and developing gaze skills.

Positioning

Seating/Equipment

- Wheelchair (Make: _____ Model: _____)
- Desk chair
- Recliner
- Bed
- Mounting equipment*: _____
- Other access tools**: _____

Body Positions (throughout the day when using a device)

- Sitting upright
- Sitting reclined
- Standing upright
- Standing left/right lean
- Lying flat
- Lying reclined
- Head Tilt
- Frequently changes position throughout the day
- Other: _____

Head Movement

- Stabilized Supported
 - Yes
 - No
- Impacted by conditions (e.g., tremor, heavy breathing, ventilation, etc.)
 - Yes
 - No
- Other: _____

User must be in the most comfortable position. Device needs to be positioned to accommodate the user's position.

*Consider different types of mounting equipment to best fit the eye gaze user's needs.

- Floor mount
- Tabletop mount
- Wheelchair mount

**Other access tools may include switch, joystick, head mouse, etc. This information helps identify the additional setup and configuration needs.

Calibration and Gaze Options

This section helps determine the best calibration settings and gaze options to achieve better outcomes.

Eye(s) to Track

- Left
- Right
- Both

Based on the above eye condition.

Stimulus

Calibration points:

- 1
- 2
- 5
- 9

Keyboard Step-Through*:

- Yes
- No

Calibration area**:

- Full Screen
- Partial Screen: _____

Preferred visual (shape, image): _____

Background color: _____

Speed:

- Slow
- Medium
- Fast

Size:

- Small
- Medium
- Large

Sound:

- Yes
- No

Other: _____

*Keyboard Step-Through allows evaluator to use keyboard to move the stimulus when the user is ready for the next calibration point rather than automatic advancement.

**Calibration area can be adjusted to cover either the entire screen or only the part of the screen where the user has the most success, for example, left or right half, lower-right quadrant section, or any part of the screen.

Dwell Time

(For general and non-keyboard gaze options, such as communication buttons)

- Fast (# of milliseconds if applicable): _____
- Medium (# of milliseconds if applicable): _____
- Slow (# of milliseconds if applicable): _____
- Other: _____

Dwell time is the amount of time a user must fixate upon an object to make a selection. It depends on the user's attention level and visual abilities.

Keyboard Dwell Time

- # of milliseconds: _____
- Longer dwell time for keyboard prediction buttons:
 - Yes
 - No

Some eye gaze users may need different dwell time for general communication buttons and keyboard buttons.

Visual Accommodations

- High contrast: _____
- Color blindness: _____

- Enlarged font/symbols: _____
- Other: _____