

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	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Lined bifocals <input type="checkbox"/> N/A <input type="checkbox"/> 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 <input type="checkbox"/> Left <input type="checkbox"/> Right Myopia/Nearsighted <input type="checkbox"/> Left <input type="checkbox"/> Right Hyperopia/Farsighted <input type="checkbox"/> Left <input type="checkbox"/> Right Quadrantanopia <input type="checkbox"/> Left <input type="checkbox"/> Right Neglect <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> 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 <input type="checkbox"/> Left <input type="checkbox"/> Right Complete <input type="checkbox"/> Left <input type="checkbox"/> 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 <input type="checkbox"/> Left <input type="checkbox"/> Right Move eyes separately from head <input type="checkbox"/> Left <input type="checkbox"/> Right Blink on command <input type="checkbox"/> Left <input type="checkbox"/> Right Tracking (direction, speed): _____ _____ Other: _____	Sometimes eyes don't track together. This information helps identify best fit for positioning and calibration options.

Intended Uses

This section helps determine the best eye gaze solution (hardware/device capabilities, software types and functions) for the user. Check all the options that apply.

Environment	<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor <input type="checkbox"/> Multiple locations <input type="checkbox"/> Other: _____	Consider an eye gaze device that works well outdoors and has more tolerance for position changes and body movement.
Activities	<input type="checkbox"/> Independent use <input type="checkbox"/> Use with a communication partner <input type="checkbox"/> Use computer functions and software applications <input type="checkbox"/> Use for environmental control (lights, TV, phone, air conditioner, door, etc.) <input type="checkbox"/> Other: _____	Consider an eye gaze system with improved and alternate access to computer functions (e.g., larger target areas with increased accuracy, computer access/control applications).
Motivation	<input type="checkbox"/> Motivated to use eye gaze technology <input type="checkbox"/> More motivated when a communication partner is present (parent, sibling, caregiver, friend, others) <input type="checkbox"/> Occasional interest in eye gaze activities <input type="checkbox"/> Other: _____	Help determine the eye gaze activities, especially at the beginning to engage the user in practicing and developing gaze skills.

Positioning

Seating / Equipment	<input type="checkbox"/> Wheelchair (Make: _____ Model: _____) <input type="checkbox"/> Desk chair <input type="checkbox"/> Recliner <input type="checkbox"/> Bed <input type="checkbox"/> Mounting equipment*: _____ <input type="checkbox"/> Other access tools**: _____	<p>User must be in the most comfortable position. Device needs to be positioned to accommodate the user's position.</p> <p>*Consider different types of mounting equipment to best fit the eye gaze user's needs.</p> <ul style="list-style-type: none"> • Floor mount • Tabletop mount • Wheelchair mount <p>**Other access tools may include switch, joystick, head mouse, etc. This information helps identify the additional setup and configuration needs.</p>
Body Positions (throughout the day when using a device)	<input type="checkbox"/> Sitting upright <input type="checkbox"/> Sitting reclined <input type="checkbox"/> Standing upright <input type="checkbox"/> Standing left/right lean <input type="checkbox"/> Lying flat <input type="checkbox"/> Lying reclined <input type="checkbox"/> Head Tilt <input type="checkbox"/> Frequently changes position throughout the day <input type="checkbox"/> Other: _____	
Head Movement	Stabilized/Supported <input type="checkbox"/> Yes <input type="checkbox"/> No Impacted by conditions (e.g., tremor, heavy breathing, ventilation, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	

Calibration and Gaze Options

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

Eye(s) to Track	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	Based on the above eye condition.
Stimulus	Calibration points: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 9 Keyboard Step-Through*: <input type="checkbox"/> Yes <input type="checkbox"/> No Calibration area**: <input type="checkbox"/> Full Screen <input type="checkbox"/> Partial Screen: _____ Preferred visual (shape, image): _____ Background color: _____ Speed: <input type="checkbox"/> Slow <input type="checkbox"/> Medium <input type="checkbox"/> Fast Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Sound: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> Fast (# of milliseconds if applicable): _____ <input type="checkbox"/> Medium (# of milliseconds if applicable): _____ <input type="checkbox"/> Slow (# of milliseconds if applicable): _____ <input type="checkbox"/> 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	<input type="checkbox"/> # of milliseconds: _____ Longer dwell time for keyboard prediction buttons: <input type="checkbox"/> Yes <input type="checkbox"/> No	Some eye gaze users may need different dwell time for general communication buttons and keyboard buttons.
Visual Accommodations	<input type="checkbox"/> High contrast: _____ <input type="checkbox"/> Color blindness: _____ <input type="checkbox"/> Enlarged font/symbols: _____ <input type="checkbox"/> Other: _____	To help set up color or color themes for calibration, buttons, or page sets.

Additional Resources

Calibration options and settings are device dependent. Refer to the following resources for more information.

- [Calibration in Communicator 5](#)
- [Calibration Settings - Snap Core First](#)
- [Calibration Settings - Tobii Dynavox Gaze Interaction Software \(TGIS\)](#)
- [Calibration Settings - Gaze Point and Windows Control 2](#)
- [Eye Gaze Calibration on the New I-Series \(I-13, I-16\)](#)