

Scanning Observation Form

This form should be completed with the assistance from the team of people working with the person using AAC. It can be used as an overview or used for a single position the person using AAC utilizes for communication (i.e.: lying in bed, sitting in wheelchair, etc.)

Name: _____

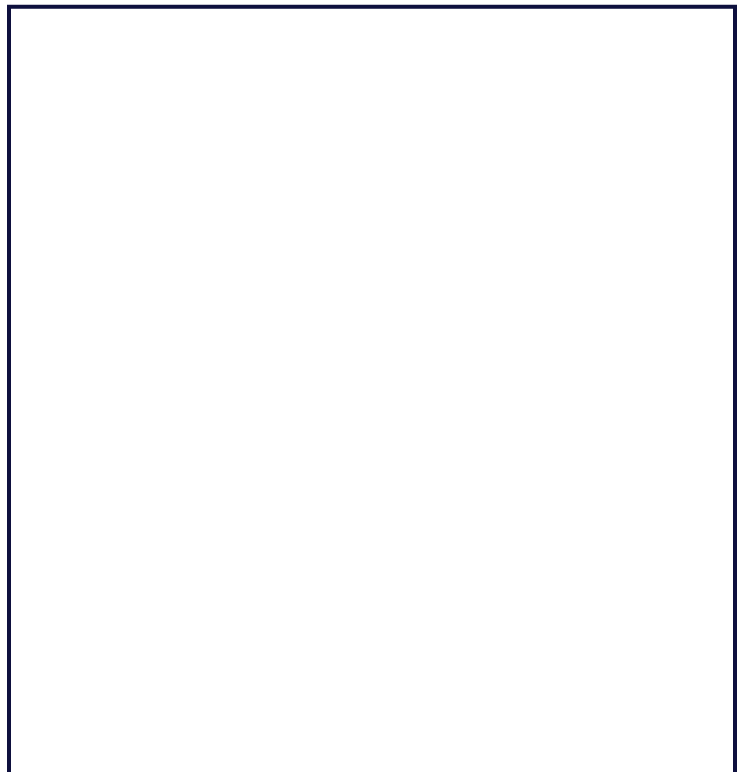
Date: _____

Position

- Seated
- Laying Down
- Supported Standing
- Other: _____

Location

- Electric Wheelchair
- Manual Wheelchair
- Desk Chair
- Recliner
- Bed
- Other: _____



Use this box to draw or insert a photo of the position of the person who uses AAC. Include the equipment used in that position. Make notes of areas and measurements for attachments if mounting is needed. Once the switch site location(s) is determined, add this information to the image.

Potential Switch Site Locations (select all that apply; circle an area if applicable; make additional notes in blank areas provided)

- Hand:** _____ Left Right
- Finger:** _____ Left Right
- Head:** temple, cheek, jaw, other: _____ Left Right
- Arm:** elbow, shoulder, other: _____ Left Right
- Leg:** thigh, knee, calf, other: _____ Left Right
- Foot:** _____ Left Right
- Toes:** _____ Left Right

Actions

- Observed:** Press down/up Quick Hit Long Hold
 Squeeze Pinch Push forward/backward Wave
 Slide None Release

Switch Type and Use

Match the person's needs and movement to the features of the switch (operational movement, location, sensitivity, color, size, feedback, construction, durability, ease of set-up, compatibility, and mounting options.) This may take multiple trials, use the space below to trail switch types and make observations notes about switch use (i.e.: effort level, delay in activation or release, etc.)

Switch Type Trial 1: _____

Notes: _____

Switch Type Trial 2: _____

Notes: _____

Switch Type Trial 3: _____

Notes: _____

Mounting (if needed)

Mounting Plate: _____

Mounting Arm: _____

Final Switch Set-Up (this page may be used separately and duplicated for multiple communication positions)

Position: _____

Number of Switches: One Two Other: _____

Switch Site Location(s): _____

Switch Type(s): _____

Mounting Needs: _____

Scan Type: Autoscan 2 switch step scan 1 switch scan
 1 switch dwell Inverse

Scan Pattern: Linear Row/Column Column/Row Group

Number of Passes: _____

Highlighting: Outline Color: _____ Thickness: Thin / Medium / Heavy
 Overlay Color: _____
 Invert

Zoom: Off On

Hold Time: Off Fast Medium Slow
 Custom: _____

Delay Between Selections: Off Fast Medium Slow
 Custom: _____

Audio Feedback: Off On Voice: _____
 Other: _____

Show Pause Button: Off On

Select Feedback Sound: Off On

Other Settings or Information: _____
