Web application | Mobile application

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1. Consent
2. Personal details
3. Disability & family
4. Health
5. Education
6. Documents
7. Declaration

Community outreach / Survey / New draft

# Community survey

Step 1 of 7 · Consent

## Consent before survey

Proposed consent step · approved consent text pending

Consent given by

Select

Name of person giving consent

Relationship to person being surveyed

☐ Consent to collect survey information recorded

The source declaration is retained in the final step. Messaging consent is a separate decision.

Back | Save draft | Continue

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Community outreach / Survey / New draft

## Community survey

Step 2 of 7 · Personal details

### Personal information

Survey date: dd/mm/yyyy

Full name

Date of birth: dd/mm/yyyy

Age in years

Gender: Select

Contact number

Caste category: Select

Language

Full address

Back | Save draft | Continue

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1. Consent
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4. Health
5. Education
6. Documents
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Community outreach / Survey / New draft

## Community survey

Step 3 of 7 · Disability & family

### Disability and family

Type of disability · select applicable categories

- [ ] Blind
- [ ] Low vision (LV)
- [ ] Hard of hearing (HoH)
- [ ] Deaf
- [ ] Cerebral palsy (CP)
- [ ] Locomotor disability (LCD)
- [ ] Autism (ASD)
- [ ] Intellectual disability (ID)
- [ ] Multiple disabilities (MI)
- [ ] Other

Other disability

Cause of disability

Onset of disability

Select

Anyone else in the family with a disability?

Select

Family disability details

Annual family income

Family occupation

Back | Save draft | Continue

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4. Health
5. Education
6. Documents
7. Declaration

Community outreach / Survey / New draft

## Community survey

Step 4 of 7 · Health

### Health information

Epileptic seizures? — Select

Taking medication for seizures? — Select

Any other illness? — Select

Other medical treatment received? — Select

Medical treatment details

Assistive devices received? — Select

Assistive device name

Back | Save draft | Continue

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1. Consent
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3. Disability & family
4. Health
5. Education
6. Documents
7. Declaration

Community outreach / Survey / New draft

## Community survey

Step 5 of 7 · Education

### Education and training

Educational attainment
Select

Attends Anganwadi?
Select

Currently attending school?
Select

Class / grade

Currently undertaking vocational training / course?
Select

Other education / training received?
Select

Back | Save draft | Continue

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1. Consent
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3. Disability & family
4. Health
5. Education
6. Documents
7. Declaration

Community outreach / Survey / New draft

## Community survey

Step 6 of 7 · Documents

### Documents available for government schemes

- [ ] Disability certificate
- [ ] Caste certificate
- [ ] Bank account details
- [ ] Aadhaar card
- [ ] Ration card
- [ ] Voter identity card
- [ ] Birth certificate
- [ ] UDID

This survey records availability. Document uploads belong to the beneficiary document workflow.

Back | Save draft | Continue

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3. Disability & family
4. Health
5. Education
6. Documents
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Community outreach / Survey / New draft

## Community survey

Step 7 of 7 · Declaration

### Declaration and signatures

I declare that the information given above is correct to my knowledge and has been provided with my consent.

Person with disability / family member signature

Choose File No file chosen

Field worker signature

Choose File No file chosen

Signature file capture is a proposed digital option. Final signature method requires confirmation.

Back | Save draft | Submit survey

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1. Consent
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4. Health
5. Education
6. Documents
7. Declaration

Community outreach / Survey / New draft

## Survey review

Step 2 of 7 · Personal details

**Survey review · proposed workflow**
Own organisation · submitted records

### Personal information

Survey date: dd/mm/yyyy

Full name:

Date of birth: dd/mm/yyyy

Age in years:

Gender: Select

Contact number:

Caste category: Select

Language:

Full address:

Review comment:

Return for correction

Back

Continue

Prototype · sample information only

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2. Personal details
3. Disability & family
4. Health
5. Education
6. Documents
7. Declaration

Community outreach / Survey / New draft

## Survey record

Step 2 of 7 · Personal details

**Read-only survey view**
Own organisation · staff and caseload oversight

### Personal information

Survey date: dd/mm/yyyy

Full name:

Date of birth: dd/mm/yyyy

Age in years:

Gender: Select

Contact number:

Caste category: Select

Language:

Full address:

Back | Continue

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Sense India MEAL

1. Consent
2. Personal details
3. Disability & family
4. Health
5. Education
6. Documents
7. Declaration

Community outreach / Survey / New draft

# Survey record

Step 2 of 7 · Personal details

**Read-only survey view**
Programme oversight · identifiable access subject to permission

## Personal information

Survey date: dd/mm/yyyy

Full name:

Date of birth: dd/mm/yyyy

Age in years:

Gender: Select

Contact number:

Caste category: Select

Language:

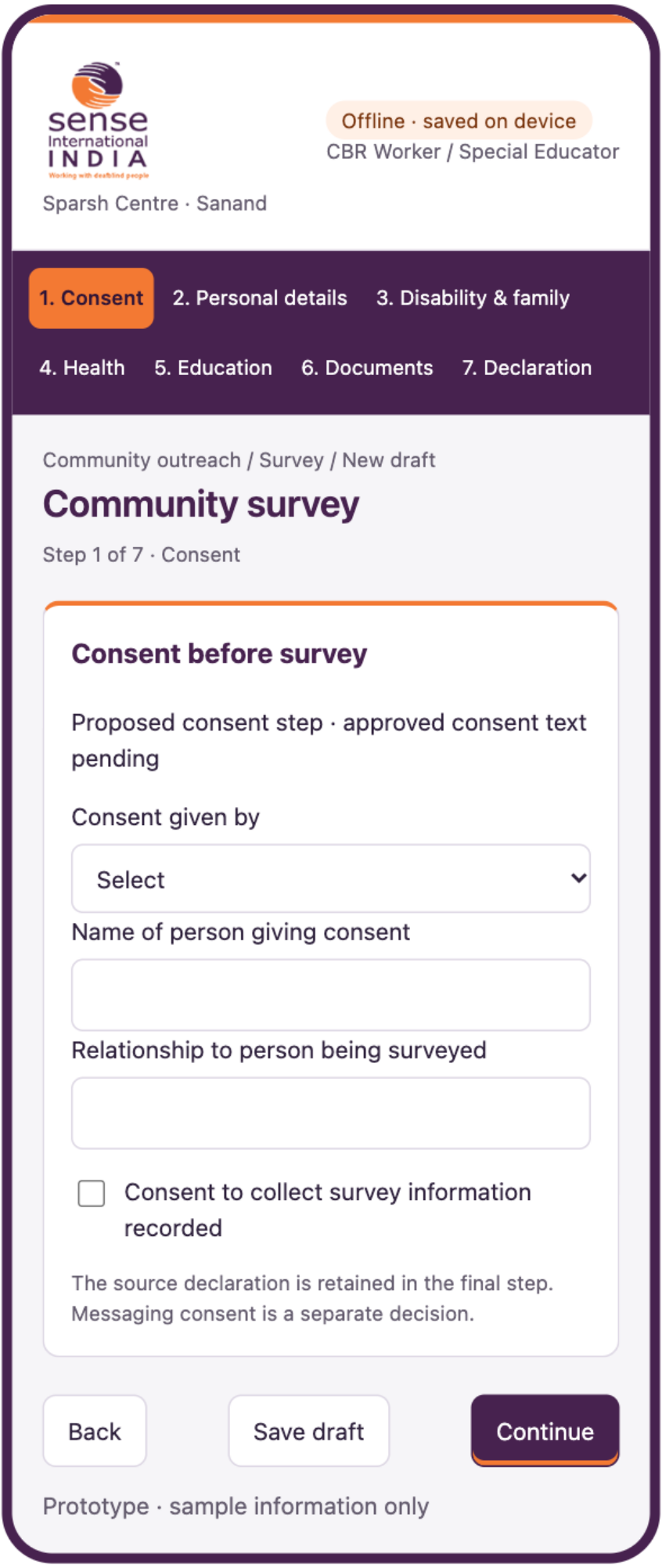
Full address:

Back | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator



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Offline · saved on device

CBR Worker / Special Educator

1. Consent | 2. Personal details | 3. Disability & family | 4. Health | 5. Education | 6. Documents | 7. Declaration

Community outreach / Survey / New draft

## Community survey

Step 2 of 7 · Personal details

### Personal information

Survey date

dd/mm/yyyy

Full name

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Contact number

Caste category

Select

Language

Full address

Back | Save draft | Continue

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Community outreach / Survey / New draft

## Community survey

Step 3 of 7 · Disability & family

### Disability and family

Type of disability · select applicable categories

- [ ] Blind
- [ ] Low vision (LV)
- [ ] Hard of hearing (HoH)
- [ ] Deaf
- [ ] Cerebral palsy (CP)
- [ ] Locomotor disability (LCD)
- [ ] Autism (ASD)
- [ ] Intellectual disability (ID)
- [ ] Multiple disabilities (MI)
- [ ] Other

Other disability

Cause of disability

Onset of disability

Select

Anyone else in the family with a disability?

Select

Family disability details

Annual family income

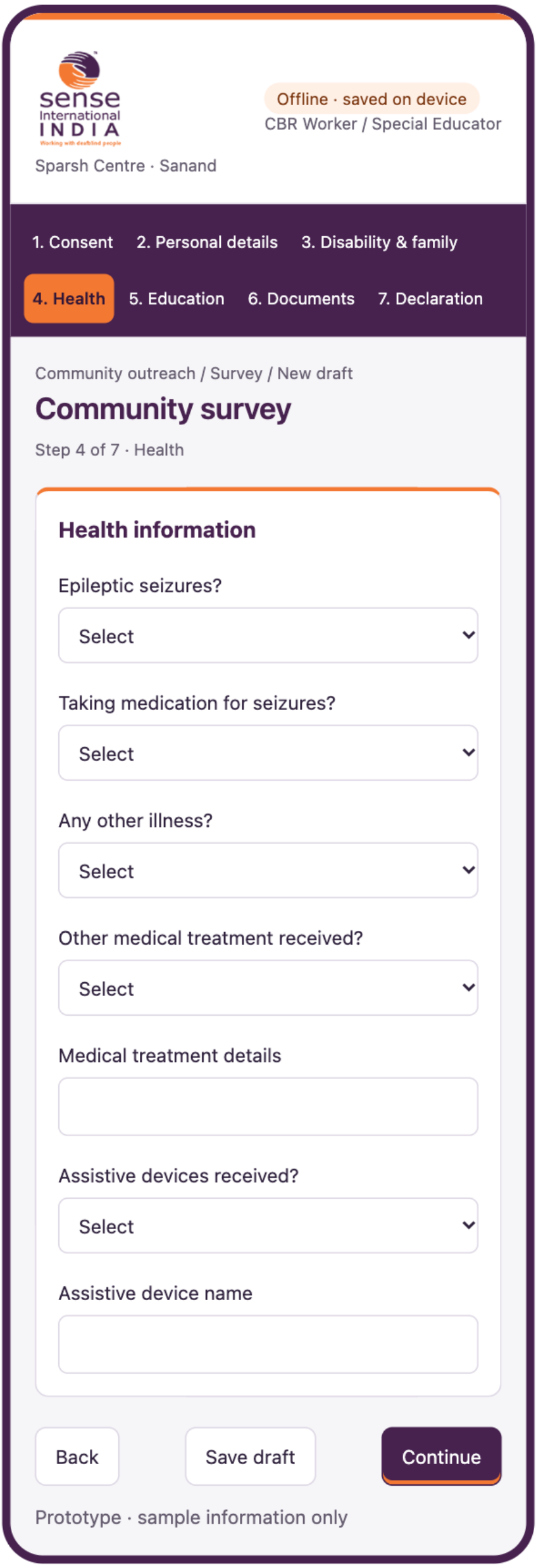
Family occupation

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator



# Community Survey

Mobile | Step 5 of 7 - Education

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1. Consent | 2. Personal details | 3. Disability & family | 4. Health | 5. Education | 6. Documents | 7. Declaration

Community outreach / Survey / New draft

## Community survey

Step 5 of 7 · Education

### Education and training

Educational attainment

Select

Attends Anganwadi?

Select

Currently attending school?

Select

Class / grade

Currently undertaking vocational training / course?

Select

Other education / training received?

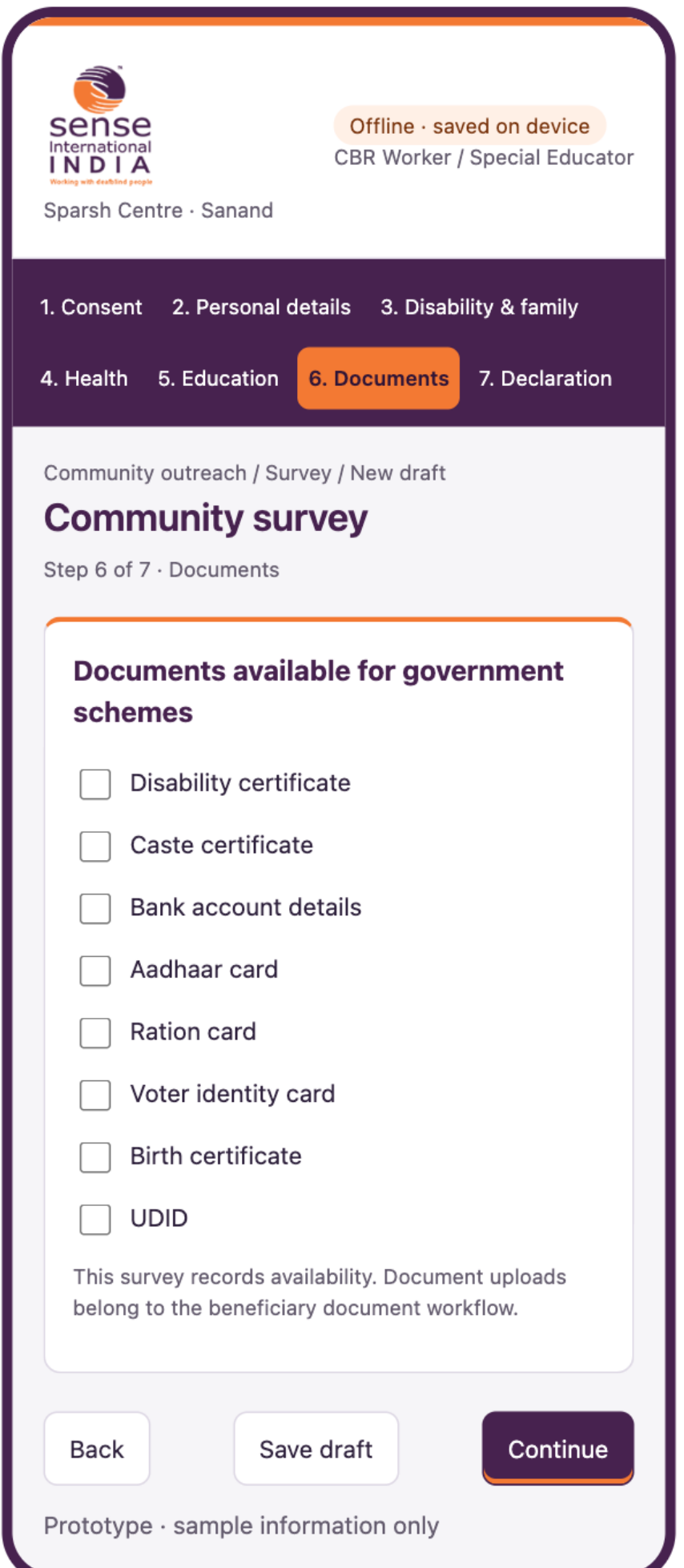
Select

Back | Save draft | Continue

Prototype · sample information only

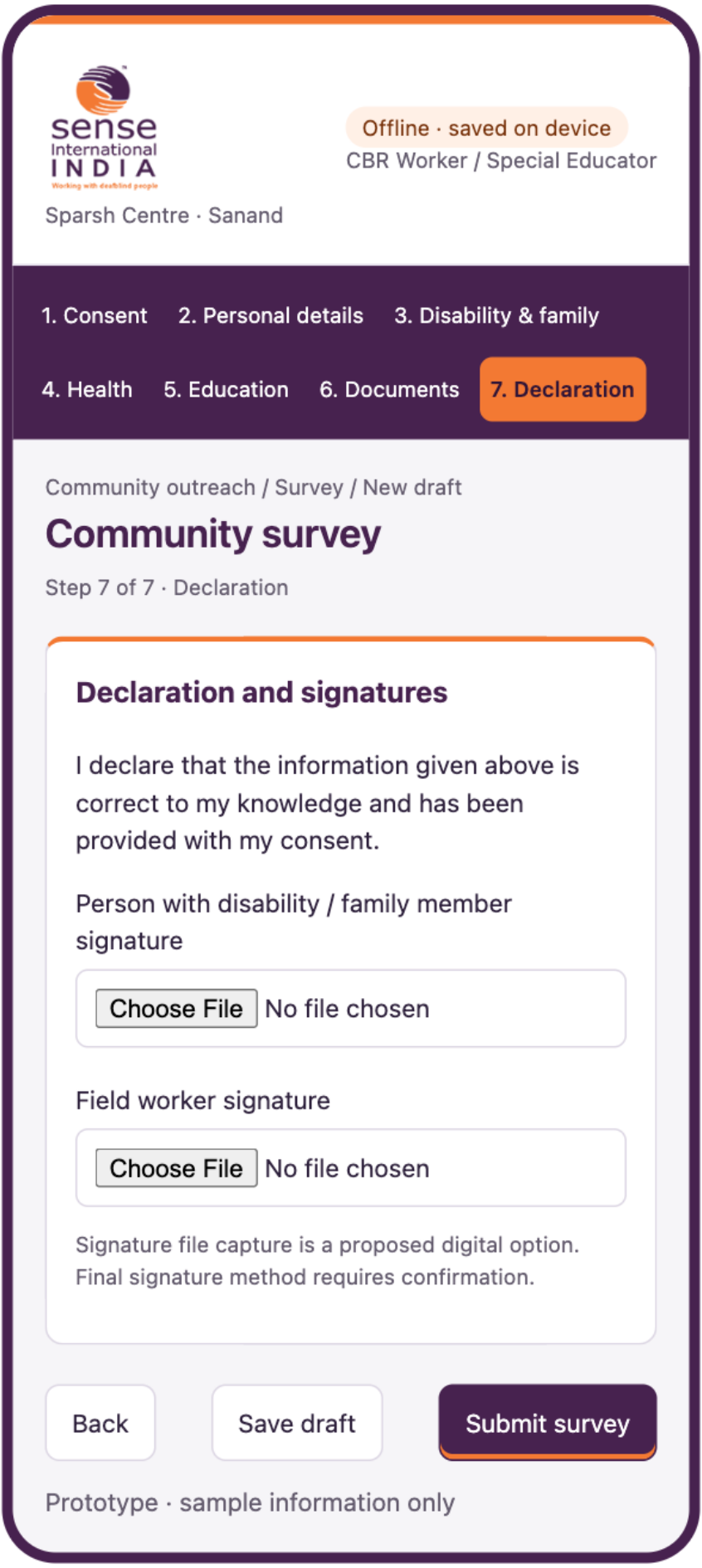
Web application | Mobile application

CBR Worker / Special Educator



Web application | Mobile application

CBR Worker / Special Educator



Web application | Mobile application

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1. Consent | 2. Personal details | 3. Disability & family | 4. Health | 5. Education | 6. Documents | 7. Declaration

Community outreach / Survey / New draft

## Survey review

Step 2 of 7 · Personal details

**Survey review · proposed workflow**
Own organisation · submitted records

### Personal information

Survey date
dd/mm/yyyy

Full name

Date of birth
dd/mm/yyyy

Age in years

Gender
Select

Contact number

Caste category
Select

Language

Full address

Review comment

Return for correction

Back | Continue

Prototype · sample information only

Web application | Mobile application

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Partner Administrator

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1. Consent | 2. Personal details | 3. Disability & family | 4. Health | 5. Education | 6. Documents | 7. Declaration

Community outreach / Survey / New draft

## Survey record

Step 2 of 7 · Personal details

**Read-only survey view**
Own organisation · staff and caseload oversight

### Personal information

Survey date
dd/mm/yyyy

Full name

Date of birth
dd/mm/yyyy

Age in years

Gender
Select

Contact number

Caste category
Select

Language

Full address

Back | Continue

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Sense India MEAL

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1. Consent | 2. Personal details | 3. Disability & family | 4. Health | 5. Education | 6. Documents | 7. Declaration

Community outreach / Survey / New draft

## Survey record

Step 2 of 7 · Personal details

**Read-only survey view**

Programme oversight · identifiable access subject to permission

### Personal information

Survey date

dd/mm/yyyy

Full name

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Contact number

Caste category

Select

Language

Full address

Back | Continue

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1. Consent & photo
2. Identity
3. Address & family
4. Services & disability
5. Programme & referral
6. Networks
7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 1 of 7 · Consent & photo

### Consent and photograph

This information will be added to the SII database of persons with deafblindness to collect statistics relating to causes and prevalence.

Consent obtained?

Select

Consent given by

Select

Scanned consent form

Choose File No file chosen

Recent service user photograph

Choose File No file chosen

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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5. Programme & referral
6. Networks
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Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 2 of 7 · Identity

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Religion (optional)

Back | Save draft | Continue

Prototype · sample information only

# Service User Enrolment

Web | Step 3 of 7 - Address & family

Web application | Mobile application

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1. Consent & photo
2. Identity
3. Address & family
4. Services & disability
5. Programme & referral
6. Networks
7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 3 of 7 · Address & family

### Address and family

Postal address

City / village

State

Father's name

Mother's name

Location

Select

Annual family income

Main caregiver

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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1. Consent & photo
2. Identity
3. Address & family
4. Services & disability
5. Programme & referral
6. Networks
7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 4 of 7 · Services & disability

### Current services and disability profile

Services currently received

- [ ] Special schooling
- [ ] Home-based services
- [ ] CBR
- [ ] Residential care
- [ ] Mainstream school
- [ ] Vocational training
- [ ] Support services

### Disability profile

Totally blind: Select

Totally deaf: Select

Partially sighted: Select

Partially hearing: Select

Sensory issues

Associated conditions

Known causes of disabilities

History of disability in the family

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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1. Consent & photo
2. Identity
3. Address & family
4. Services & disability
5. Programme & referral
6. Networks
7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 5 of 7 · Programme & referral

### Programme and referral

Programme enrolled in

Source of referral

Select

Referral details

Date entered programme

dd/mm/yyyy

Back | Save draft | Continue

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5. Programme & referral
6. Networks
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Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 6 of 7 · Networks

### Network introduction

Introduced to local / national networks?

Select

Registered with

Select

Local body / registration details

Back | Save draft | Continue

Prototype · sample information only

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Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 7 of 7 · Review

### Review enrolment

Complete the preceding sections to review the enrolment details.

Prototype only. Save and submit actions do not create a live beneficiary record.

Back | Save draft | Submit enrolment

Prototype · sample information only

# Service User Enrolment

Web | Partner Coordinator - role view

Web application | Mobile application

Partner Coordinator

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Online
Partner Coordinator

1. Consent & photo
2. Identity
3. Address & family
4. Services & disability
5. Programme & referral
6. Networks
7. Review

Beneficiaries / Enrolment / New draft

## Enrolment review

Step 2 of 7 · Identity

**Enrolment review · proposed workflow**
Own organisation · submitted records

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth
dd/mm/yyyy

Age in years

Gender
Select

Religion (optional)

Review comment

Return for correction

Back

Continue

Prototype · sample information only

# Service User Enrolment

Web | Partner Administrator - role view

Web application | Mobile application

Partner Administrator

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Working with deafblind people

Sparsh Centre · Sanand

Online
Partner Administrator

1. Consent & photo
2. Identity
3. Address & family
4. Services & disability
5. Programme & referral
6. Networks
7. Review

Beneficiaries / Enrolment / New draft

## Enrolment record

Step 2 of 7 · Identity

**Read-only survey view**
Own organisation · staff and caseload oversight

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth
dd/mm/yyyy

Age in years

Gender
Select

Religion (optional)

Back

Continue

Prototype · sample information only

Web application | Mobile application

Sense India MEAL

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Online
Sense India MEAL

1. Consent & photo
2. Identity
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4. Services & disability
5. Programme & referral
6. Networks
7. Review

Beneficiaries / Enrolment / New draft

## Enrolment record

Step 2 of 7 · Identity

**Read-only survey view**

Programme oversight · identifiable access subject to permission

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Religion (optional)

Back

Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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Offline draft

CBR Worker / Special Educator

Sparsh Centre · Sanand

1. Consent & photo | 2. Identity | 3. Address & family | 4. Services & disability | 5. Programme & referral | 6. Networks | 7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 1 of 7 · Consent & photo

### Consent and photograph

This information will be added to the SII database of persons with deafblindness to collect statistics relating to causes and prevalence.

Consent obtained?

Select

Consent given by

Select

Scanned consent form

Choose File No file chosen

Recent service user photograph

Choose File No file chosen

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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1. Consent & photo | 2. Identity | 3. Address & family

4. Services & disability | 5. Programme & referral

6. Networks | 7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 2 of 7 · Identity

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Religion (optional)

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 3 of 7 · Address & family

### Address and family

Postal address

City / village

State

Father's name

Mother's name

Location

Select

Annual family income

Main caregiver

Back | Save draft | Continue

Prototype · sample information only

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1. Consent & photo | 2. Identity | 3. Address & family
4. Services & disability | 5. Programme & referral
6. Networks | 7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 4 of 7 · Services & disability

### Current services and disability profile

Services currently received

- [ ] Special schooling
- [ ] Home-based services
- [ ] CBR
- [ ] Residential care
- [ ] Mainstream school
- [ ] Vocational training
- [ ] Support services

### Disability profile

Totally blind: Select

Totally deaf: Select

Partially sighted: Select

Partially hearing: Select

Sensory issues

Associated conditions

Known causes of disabilities

History of disability in the family

Back | Save draft | Continue

Prototype · sample information only

# Service User Enrolment

Mobile | Step 5 of 7 - Programme & referral

Web application | Mobile application

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Offline draft

CBR Worker / Special Educator

1. Consent & photo | 2. Identity | 3. Address & family | 4. Services & disability | 5. Programme & referral | 6. Networks | 7. Review

Beneficiaries / Enrolment / New draft

## Service user enrolment

Step 5 of 7 · Programme & referral

### Programme and referral

Programme enrolled in

Source of referral

Select

Referral details

Date entered programme

dd/mm/yyyy

Back | Save draft | Continue

Prototype · sample information only

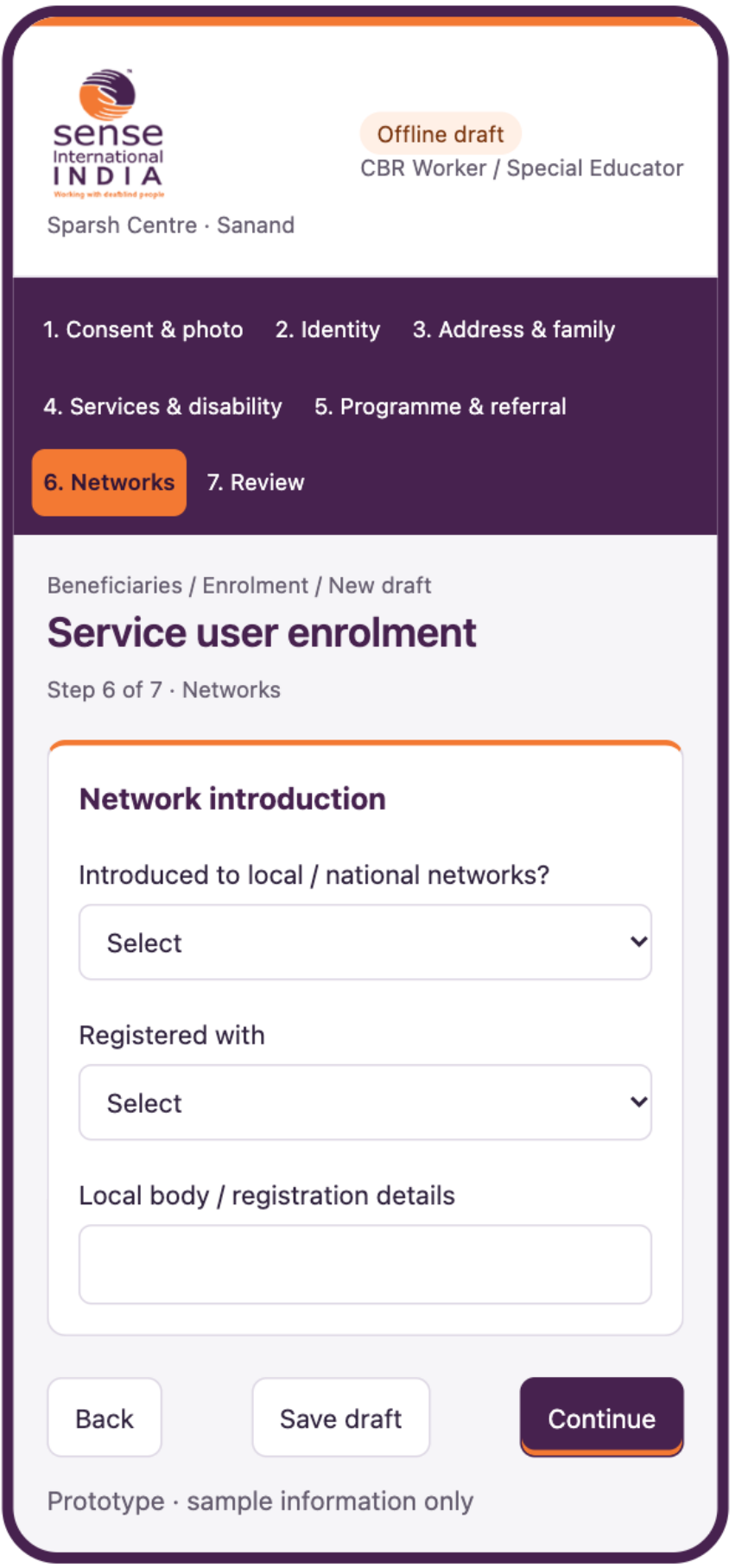
# Service User Enrolment

Mobile | Step 6 of 7 - Networks

Web application

Mobile application

CBR Worker / Special Educator

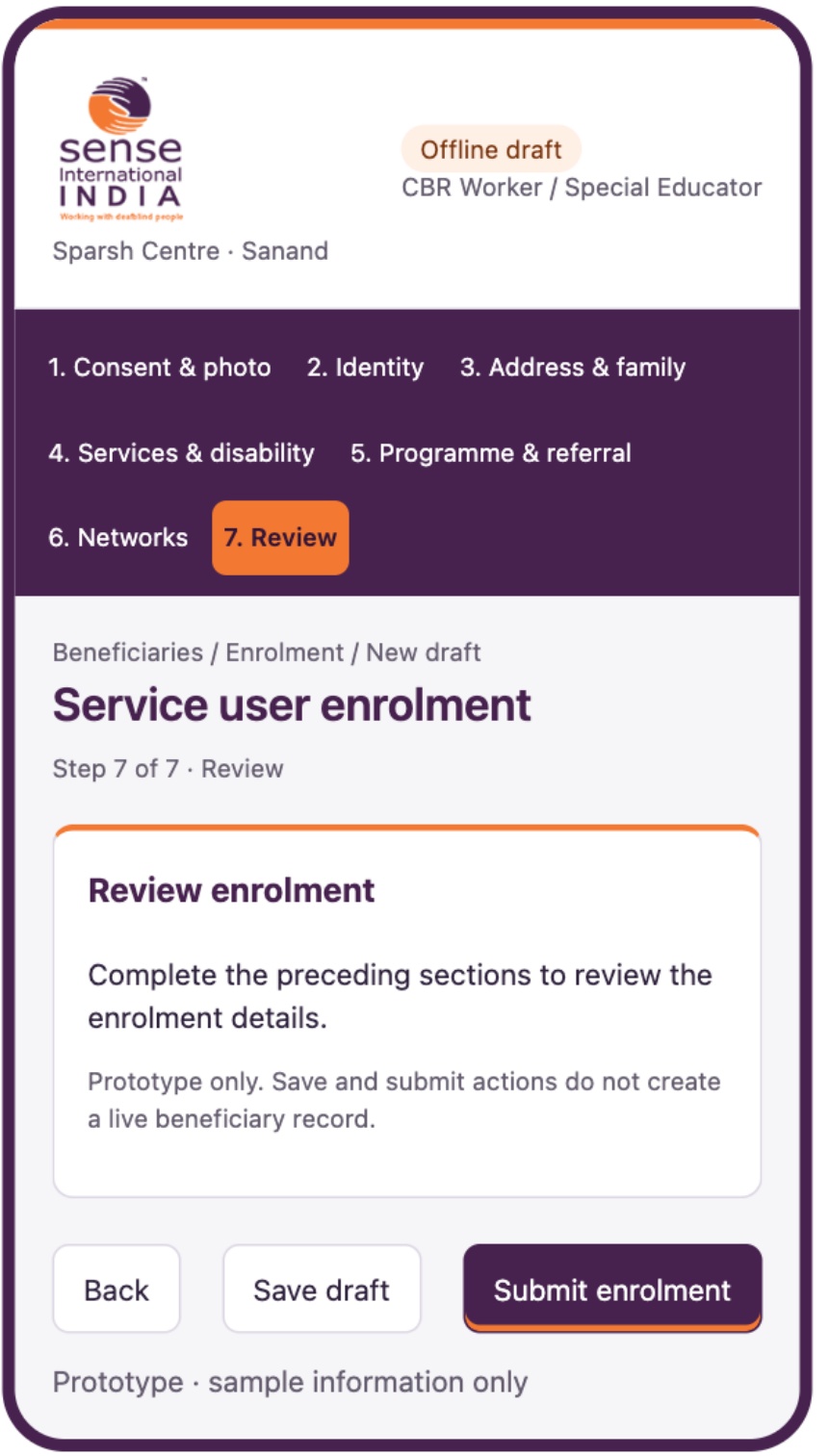


# Service User Enrolment

Mobile | Step 7 of 7 - Review

Web application | Mobile application

CBR Worker / Special Educator



# Service User Enrolment

Mobile | Partner Coordinator - role view

Web application | Mobile application

Partner Coordinator

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Working with deafblind people

Sparsh Centre · Sanand

Offline draft
Partner Coordinator

1. Consent & photo | 2. Identity | 3. Address & family
4. Services & disability | 5. Programme & referral
6. Networks | 7. Review

Beneficiaries / Enrolment / New draft

## Enrolment review

Step 2 of 7 · Identity

**Enrolment review · proposed workflow**
Own organisation · submitted records

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Religion (optional)

Review comment

Return for correction

Back | Continue

Prototype · sample information only

# Service User Enrolment

Mobile | Partner Administrator - role view

Web application | Mobile application

Partner Administrator

sense International INDIA
Working with deafblind people

Sparsh Centre · Sanand

Offline draft
Partner Administrator

1. Consent & photo | 2. Identity | 3. Address & family
4. Services & disability | 5. Programme & referral
6. Networks | 7. Review

Beneficiaries / Enrolment / New draft

## Enrolment record

Step 2 of 7 · Identity

**Read-only survey view**
Own organisation · staff and caseload oversight

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Religion (optional)

Back | Continue

Prototype · sample information only

# Service User Enrolment

Mobile | Sense India MEAL - role view

Web application | Mobile application

Sense India MEAL

sense International INDIA
Working with deafblind people

Sparsh Centre · Sanand

Offline draft
Sense India MEAL

1. Consent & photo | 2. Identity | 3. Address & family
4. Services & disability | 5. Programme & referral
6. Networks | 7. Review

Beneficiaries / Enrolment / New draft

## Enrolment record

Step 2 of 7 · Identity

**Read-only survey view**
Programme oversight · identifiable access subject to permission

### Service user identity

Registration ID · assigned after enrolment synchronises

Source serial number

First name

Family name

Surname

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Religion (optional)

Back | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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Beneficiaries / Screening / New draft

## Hearing & vision screening

Step 1 of 11 · Basic information

### Basic information

Client name

Age

Sex

Select

Registration number (if enrolled)

Screening date

dd/mm/yyyy

Place of screening

Screening pathway

Select

Observe the person in a familiar environment and consult family members. Record Yes or No for each observation.

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## Hearing & vision screening

Step 2 of 11 · Vision · family

### Vision family history

1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma) ◯ Yes ◯ No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes) ◯ Yes ◯ No

3. Did the mother use drugs or alcohol during pregnancy? ◯ Yes ◯ No

4. Has a vision problem been identified or suspected? ◯ Yes ◯ No

5. Are there concerns about the child's vision? ◯ Yes ◯ No

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## Hearing & vision screening

Step 3 of 11 · Eye appearance

### Eye appearance

| | | |
|---|---|---|
| 1. Encrusted eyelashes | ○ Yes | ○ No |
| 2. Swollen or red eyelid | ○ Yes | ○ No |
| 3. Frequent styes | ○ Yes | ○ No |
| 4. Discharge in the eye or along the eyelids | ○ Yes | ○ No |
| 5. Concerns about the child's vision | ○ Yes | ○ No |
| 6. Eyes usually red or watery | ○ Yes | ○ No |
| 7. Pupils of different sizes or cloudy pupils | ○ Yes | ○ No |
| 8. Drooping eyelids | ○ Yes | ○ No |
| 9. Eyes do not appear straight (crossed eyes) | ○ Yes | ○ No |

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## Hearing & vision screening

Step 4 of 11 · Visual behaviour

### Visual behaviour

| | | |
|---|---|---|
| 1. Complains of aches or pain in the eyes | ○ Yes | ○ No |
| 2. Excessive headaches | ○ Yes | ○ No |
| 3. Dizziness or nausea after close eye work | ○ Yes | ○ No |
| 4. Squinting and constant blinking | ○ Yes | ○ No |
| 5. Frowning or facial distortion | ○ Yes | ○ No |
| 6. Constant rubbing of eyes or attempts to brush away a shadow | ○ Yes | ○ No |
| 7. Tilts head to see | ○ Yes | ○ No |
| 8. Closes or covers one eye when looking or reading | ○ Yes | ○ No |
| 9. Constantly asks someone to explain what is going on | ○ Yes | ○ No |
| 10. Poor eye-hand coordination, unusual clumsiness during hand tasks, or balance problems when walking | ○ Yes | ○ No |
| 11. Bumps into objects or is clumsy when walking, particularly in a new environment | ○ Yes | ○ No |
| 12. Unduly sensitive to bright light, glare or shiny objects | ○ Yes | ○ No |
| 13. Difficulty seeing at night or in the dark | ○ Yes | ○ No |
| 14. Needs glasses to see objects | ○ Yes | ○ No |

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Beneficiaries / Screening / New draft

## Hearing & vision screening

Step 5 of 11 · Vision outcome

### Vision screening outcome

Vision problem suspected

Select

Referred to ophthalmologist for clinical assessment

Select

Referred for functional vision assessment

Select

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## Hearing & vision screening

Step 6 of 11 · Hearing · family

### Hearing family history

1. Does anyone in the family have severe hearing loss or ear disease? (e.g. tinnitus, otitis media, perforated eardrum, Meniere's disease) ○ Yes ○ No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes) ○ Yes ○ No

3. Did the mother use drugs or alcohol during pregnancy? ○ Yes ○ No

4. Has a hearing problem been identified or suspected? ○ Yes ○ No

5. Are there concerns about the child's hearing? ○ Yes ○ No

Family hearing / ear disease details

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10. Screener opinion
11. Review


Beneficiaries / Screening / New draft

## Hearing & vision screening

Step 7 of 11 · Ear problems

### Ear problems

| | | |
|---|---|---|
| 1. Complaints of earache | ○ Yes | ○ No |
| 2. Complaints of headaches | ○ Yes | ○ No |
| 3. Complaints of ringing sounds or sensations in the ears, or hearing voices | ○ Yes | ○ No |
| 4. Recurring ear infections | ○ Yes | ○ No |
| 5. Frequent colds | ○ Yes | ○ No |
| 6. External ear or facial abnormality | ○ Yes | ○ No |

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## Hearing & vision screening

Step 8 of 11 · Hearing behaviour

### Hearing behaviour

| | | |
|---|---|---|
| 1. Turns one ear towards or away from the sound source | ○ Yes | ○ No |
| 2. Turns up the radio, television or headset | ○ Yes | ○ No |
| 3. Sits very close to the television or radio | ○ Yes | ○ No |
| 4. Appears to ignore conversation or instructions | ○ Yes | ○ No |
| 5. Seems engrossed in work, oblivious to surrounding sounds | ○ Yes | ○ No |
| 6. Constant humming, possibly to provide stimulation | ○ Yes | ○ No |
| 7. Startles at everyday sounds | ○ Yes | ○ No |
| 8. Relies excessively on gestures | ○ Yes | ○ No |
| 9. Poor spoken language | ○ Yes | ○ No |
| 10. Complains that others speak too loudly or too softly | ○ Yes | ○ No |
| 11. Cannot hear others from a distance or from behind | ○ Yes | ○ No |
| 12. Difficulty identifying familiar people by their voice | ○ Yes | ○ No |
| 13. Difficulty hearing speech with background noise | ○ Yes | ○ No |
| 14. Cannot hear when called from other nearby rooms at home or school | ○ Yes | ○ No |
| 15. Needs hearing aids to listen | ○ Yes | ○ No |
| 16. Problems with balance | ○ Yes | ○ No |

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Beneficiaries / Screening / New draft

## Hearing & vision screening

Step 9 of 11 · Hearing outcome

### Hearing screening outcome

Hearing problem suspected
Select

Referred to audiologist for audiometry
Select

Referred to ENT specialist for clinical assessment
Select

Referred for functional hearing assessment
Select

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Beneficiaries / Screening / New draft

## Hearing & vision screening

Step 10 of 11 · Screener opinion

### Opinion of the screener

Referral comment

Screener observations

Screener inference

Place

Screener signature

Choose File No file chosen

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## Hearing & vision screening

Step 11 of 11 · Review

### Review screening

Complete the preceding sections to review the enrolment details.

Screening outcomes and referral decisions are entered by the screener. No automatic clinical score is applied.

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Partner Coordinator

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## Screening review

Step 2 of 11 · Vision · family

**Screening review · proposed workflow**
Own organisation · submitted records

### Vision family history

1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma) ○ Yes ○ No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes) ○ Yes ○ No

3. Did the mother use drugs or alcohol during pregnancy? ○ Yes ○ No

4. Has a vision problem been identified or suspected? ○ Yes ○ No

5. Are there concerns about the child's vision? ○ Yes ○ No

Review comment

Return for correction

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Partner Administrator

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Beneficiaries / Screening / New draft

## Screening record

Step 2 of 11 · Vision · family

**Read-only survey view**
Own organisation · staff and caseload oversight

### Vision family history

| | | |
|---|---|---|
| 1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma) | ○ Yes | ○ No |
| 2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes) | ○ Yes | ○ No |
| 3. Did the mother use drugs or alcohol during pregnancy? | ○ Yes | ○ No |
| 4. Has a vision problem been identified or suspected? | ○ Yes | ○ No |
| 5. Are there concerns about the child's vision? | ○ Yes | ○ No |

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## Screening record

Step 2 of 11 · Vision · family

**Read-only survey view**
Programme oversight · identifiable access subject to permission

### Vision family history

1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma) ○ Yes ○ No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes) ○ Yes ○ No

3. Did the mother use drugs or alcohol during pregnancy? ○ Yes ○ No

4. Has a vision problem been identified or suspected? ○ Yes ○ No

5. Are there concerns about the child's vision? ○ Yes ○ No

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## Hearing & vision screening

Step 1 of 11 · Basic information

### Basic information

Client name

Age

Sex

Select

Registration number (if enrolled)

Screening date

dd/mm/yyyy

Place of screening

Screening pathway

Select

Observe the person in a familiar environment and consult family members. Record Yes or No for each observation.

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## Hearing & vision screening

Step 2 of 11 · Vision · family

### Vision family history

1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma)

◯ Yes ◯ No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes)

◯ Yes ◯ No

3. Did the mother use drugs or alcohol during pregnancy?

◯ Yes ◯ No

4. Has a vision problem been identified or suspected?

◯ Yes ◯ No

5. Are there concerns about the child's vision?

◯ Yes ◯ No

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## Hearing & vision screening

Step 3 of 11 · Eye appearance

### Eye appearance

1. Encrusted eyelashes
   - ◯ Yes ◯ No
2. Swollen or red eyelid
   - ◯ Yes ◯ No
3. Frequent styes
   - ◯ Yes ◯ No
4. Discharge in the eye or along the eyelids
   - ◯ Yes ◯ No
5. Concerns about the child's vision
   - ◯ Yes ◯ No
6. Eyes usually red or watery
   - ◯ Yes ◯ No
7. Pupils of different sizes or cloudy pupils
   - ◯ Yes ◯ No
8. Drooping eyelids
   - ◯ Yes ◯ No
9. Eyes do not appear straight (crossed eyes)
   - ◯ Yes ◯ No

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## Hearing & vision screening

Step 4 of 11 · Visual behaviour

### Visual behaviour

1. Complains of aches or pain in the eyes
   ◯ Yes ◯ No

2. Excessive headaches
   ◯ Yes ◯ No

3. Dizziness or nausea after close eye work
   ◯ Yes ◯ No

4. Squinting and constant blinking
   ◯ Yes ◯ No

5. Frowning or facial distortion
   ◯ Yes ◯ No

6. Constant rubbing of eyes or attempts to brush away a shadow
   ◯ Yes ◯ No

7. Tilts head to see
   ◯ Yes ◯ No

8. Closes or covers one eye when looking or reading
   ◯ Yes ◯ No

9. Constantly asks someone to explain what is going on
   ◯ Yes ◯ No

10. Poor eye-hand coordination, unusual clumsiness during hand tasks, or balance problems when walking
    ◯ Yes ◯ No

11. Bumps into objects or is clumsy when walking, particularly in a new environment
    ◯ Yes ◯ No

12. Unduly sensitive to bright light, glare or shiny objects
    ◯ Yes ◯ No

13. Difficulty seeing at night or in the dark
    ◯ Yes ◯ No

14. Needs glasses to see objects
    ◯ Yes ◯ No

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## Hearing & vision screening

Step 5 of 11 · Vision outcome

### Vision screening outcome

Vision problem suspected

Select

Referred to ophthalmologist for clinical assessment

Select

Referred for functional vision assessment

Select

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## Hearing & vision screening

Step 6 of 11 · Hearing · family

### Hearing family history

1. Does anyone in the family have severe hearing loss or ear disease? (e.g. tinnitus, otitis media, perforated eardrum, Meniere's disease)

◯ Yes ◯ No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes)

◯ Yes ◯ No

3. Did the mother use drugs or alcohol during pregnancy?

◯ Yes ◯ No

4. Has a hearing problem been identified or suspected?

◯ Yes ◯ No

5. Are there concerns about the child's hearing?

◯ Yes ◯ No

Family hearing / ear disease details

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## Hearing & vision screening

Step 7 of 11 · Ear problems

### Ear problems

1. Complaints of earache
   - ◯ Yes ◯ No
2. Complaints of headaches
   - ◯ Yes ◯ No
3. Complaints of ringing sounds or sensations in the ears, or hearing voices
   - ◯ Yes ◯ No
4. Recurring ear infections
   - ◯ Yes ◯ No
5. Frequent colds
   - ◯ Yes ◯ No
6. External ear or facial abnormality
   - ◯ Yes ◯ No

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## Hearing & vision screening

Step 8 of 11 · Hearing behaviour

### Hearing behaviour

1. Turns one ear towards or away from the sound source
   ◯ Yes ◯ No
2. Turns up the radio, television or headset
   ◯ Yes ◯ No
3. Sits very close to the television or radio
   ◯ Yes ◯ No
4. Appears to ignore conversation or instructions
   ◯ Yes ◯ No
5. Seems engrossed in work, oblivious to surrounding sounds
   ◯ Yes ◯ No
6. Constant humming, possibly to provide stimulation
   ◯ Yes ◯ No
7. Startles at everyday sounds
   ◯ Yes ◯ No
8. Relies excessively on gestures
   ◯ Yes ◯ No
9. Poor spoken language
   ◯ Yes ◯ No
10. Complains that others speak too loudly or too softly
    ◯ Yes ◯ No
11. Cannot hear others from a distance or from behind
    ◯ Yes ◯ No
12. Difficulty identifying familiar people by their voice
    ◯ Yes ◯ No
13. Difficulty hearing speech with background noise
    ◯ Yes ◯ No
14. Cannot hear when called from other nearby rooms at home or school
    ◯ Yes ◯ No
15. Needs hearing aids to listen
    ◯ Yes ◯ No
16. Problems with balance
    ◯ Yes ◯ No

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## Hearing & vision screening

Step 9 of 11 · Hearing outcome

### Hearing screening outcome

Hearing problem suspected

Select

Referred to audiologist for audiometry

Select

Referred to ENT specialist for clinical assessment

Select

Referred for functional hearing assessment

Select

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## Hearing & vision screening

Step 10 of 11 · Screener opinion

### Opinion of the screener

Referral comment

Screener observations

Screener inference

Place

Screener signature

Choose File | No file chosen

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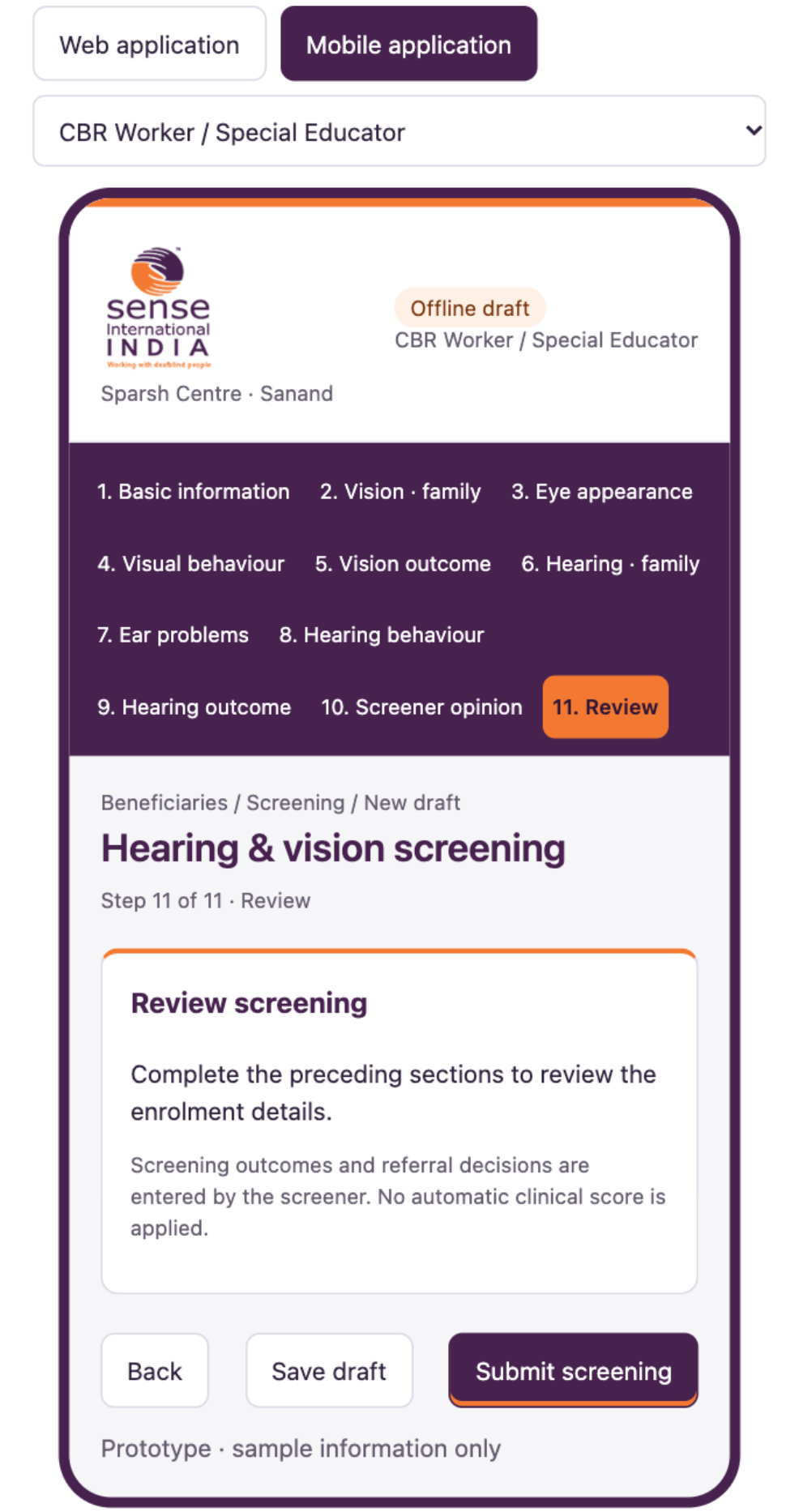
# Hearing and Vision Screening

Mobile | Step 11 of 11 - Review



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Partner Coordinator

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Partner Coordinator

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Beneficiaries / Screening / New draft

## Screening review

Step 2 of 11 · Vision · family

**Screening review · proposed workflow**

Own organisation · submitted records

### Vision family history

1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma)

○ Yes ○ No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes)

○ Yes ○ No

3. Did the mother use drugs or alcohol during pregnancy?

○ Yes ○ No

4. Has a vision problem been identified or suspected?

○ Yes ○ No

5. Are there concerns about the child's vision?

○ Yes ○ No

Review comment

Return for correction

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Working with deafblind people

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Offline draft
Partner Administrator

1. Basic information | 2. Vision · family | 3. Eye appearance
4. Visual behaviour | 5. Vision outcome | 6. Hearing · family
7. Ear problems | 8. Hearing behaviour
9. Hearing outcome | 10. Screener opinion | 11. Review

Beneficiaries / Screening / New draft

## Screening record

Step 2 of 11 · Vision · family

**Read-only survey view**
Own organisation · staff and caseload oversight

### Vision family history

1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma)

Yes | No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes)

Yes | No

3. Did the mother use drugs or alcohol during pregnancy?

Yes | No

4. Has a vision problem been identified or suspected?

Yes | No

5. Are there concerns about the child's vision?

Yes | No

Back | Continue

Prototype · sample information only

# Hearing and Vision Screening

Mobile | Sense India MEAL - role view

Web application | Mobile application

Sense India MEAL

sense International INDIA

Sparsh Centre · Sanand

Offline draft

Sense India MEAL

1. Basic information | 2. Vision · family | 3. Eye appearance

4. Visual behaviour | 5. Vision outcome | 6. Hearing · family

7. Ear problems | 8. Hearing behaviour

9. Hearing outcome | 10. Screener opinion | 11. Review

Beneficiaries / Screening / New draft

## Screening record

Step 2 of 11 · Vision · family

**Read-only survey view**

Programme oversight · identifiable access subject to permission

### Vision family history

1. Does anyone in the family have severe vision loss or eye disease? (e.g. albinism, amblyopia, cataracts, glaucoma, strabismus, retinoblastoma)

Yes | No

2. Did the mother have a serious infection or disease during pregnancy? (e.g. rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes)

Yes | No

3. Did the mother use drugs or alcohol during pregnancy?

Yes | No

4. Has a vision problem been identified or suspected?

Yes | No

5. Are there concerns about the child's vision?

Yes | No

Back | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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Working with deafblind people

Sparsh Centre · Sanand

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CBR Worker / Special Educator

1. Student & team
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3. Diagnosis & support
4. Strengths & needs
5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 1 of 8 · Student & team

### Student and IEP team

Student name

Registration ID

Date of birth

dd/mm/yyyy

Age

Gender

Select

Date of developing IEP

dd/mm/yyyy

Academic year start

dd/mm/yyyy

Academic year end

dd/mm/yyyy

Persons responsible for implementation

Language used with student

IEP team members — name and role

Student profile highlighting strengths (10–15 sentences)

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 2 of 8 · Family & preferences

### Family, preferences and aspirations

Family background — parent education and occupation, siblings

Behaviour, likes, dislikes, reinforcements, education / therapy to date and sensory issues

Parents' dreams and concerns

Back | Save draft | Continue

Prototype · sample information only

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8. Review & submit


Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 3 of 8 · Diagnosis & support

### Diagnosis and support needs

Vision — diagnosis and condition

Hearing — diagnosis and condition

Associated conditions — recorded clinical diagnoses

Other services required

Medication history, current medicines and associated conditions

Back | Save draft | Continue

Prototype · sample information only

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6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 4 of 8 · Strengths & needs

### Strengths and priorities

Student-specific strengths

Important needs to address at present

Opportunities

Present and future concerns

IEP team names and signatures

Choose File No file chosen

Team signing date

dd/mm/yyyy

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Prototype · sample information only

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3. Diagnosis & support
4. Strengths & needs
5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit


Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 5 of 8 · Functional assessment

### Functional assessment report

Record current performance across the intervention areas before selecting goals.

- ▶ Personal care
- ▶ Motor skills
- ▶ Orientation and mobility
- ▶ Communication
- ▶ Social interactions
- ▶ Sensory abilities
- ▶ Leisure and recreation
- ▶ Cognition
- ▶ Sex education
- ▶ Pre-literacy
- ▶ Literacy
- ▶ Pre-vocational / job skills (14+)
- ▶ Behavioural
- ▶ Independent living (18+)
- ▶ Mental health

Back | Save draft | Continue

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4. Strengths & needs
5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 6 of 8 · Annual goals

### Annual goals and quarterly objectives

Annual goal

Goal 1

Add another annual goal

Goal 1 · Area

Select

Goal 1 · Sub-area

Select

Goal 1 · Current level of performance

Goal 1 · SMART annual goal

### Quarter 1

Goal 1 · Q1 objective

Goal 1 · Q1 from

dd/mm/yyyy

Goal 1 · Q1 to

dd/mm/yyyy

### Quarter 2

Goal 1 · Q2 objective

Goal 1 · Q2 from

dd/mm/yyyy

Goal 1 · Q2 to

dd/mm/yyyy

### Quarter 3

Goal 1 · Q3 objective

Goal 1 · Q3 from

dd/mm/yyyy

Goal 1 · Q3 to

dd/mm/yyyy

### Quarter 4

Goal 1 · Q4 objective

Goal 1 · Q4 from

dd/mm/yyyy

Goal 1 · Q4 to

dd/mm/yyyy

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 7 of 8 · Quarterly reviews

### Quarterly implementation and evaluation

Annual goal

Goal 1

Add another annual goal

Quarter

Q1

Q1 objective: Not yet entered

Goal 1 · Q1 current performance

Goal 1 · Q1 key communication words / phrases / sentences

Goal 1 · Q1 strategies — activities, reinforcement, teaching methods and materials

Goal 1 · Q1 evaluation

Evaluation includes current performance, newly recognised strengths and difficulties encountered by the educator.

Goal 1 · Q1 educator signature

Choose File No file chosen

Goal 1 · Q1 coordinator signature

Choose File No file chosen

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 8 of 8 · Review & submit

### Review and submit IEP

Complete the preceding sections to review the enrolment details.

Prototype only. Signatures and live approval routing require final configuration.

Back | Save draft | Submit IEP

Prototype · sample information only

# Individualised Education Plan

Web | Partner Coordinator - role view

Web application | Mobile application

Partner Coordinator

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Working with deafblind people

Sparsh Centre · Sanand

Online
Partner Coordinator

1. Student & team
2. Family & preferences
3. Diagnosis & support
4. Strengths & needs
5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## IEP review

Step 2 of 8 · Family & preferences

**IEP review · proposed workflow**
Own organisation · submitted records

### Family, preferences and aspirations

Family background — parent education and occupation, siblings

Behaviour, likes, dislikes, reinforcements, education / therapy to date and sensory issues

Parents' dreams and concerns

Review comment

Return for correction

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Prototype · sample information only

# Individualised Education Plan

Web | Partner Administrator - role view

Web application | Mobile application

Partner Administrator

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Working with deafblind people

Sparsh Centre · Sanand

Online
Partner Administrator

1. Student & team
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4. Strengths & needs
5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## IEP record

Step 2 of 8 · Family & preferences

**Read-only survey view**
Own organisation · staff and caseload oversight

### Family, preferences and aspirations

Family background — parent education and occupation, siblings

Behaviour, likes, dislikes, reinforcements, education / therapy to date and sensory issues

Parents' dreams and concerns

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Prototype · sample information only

# Individualised Education Plan

Web | Sense India CB Team - role view

Web application | Mobile application

Sense India CB Team

sense International INDIA
Working with deafblind people

Sparsh Centre · Sanand

Online
Sense India CB Team

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4. Strengths & needs
5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## IEP record

Step 2 of 8 · Family & preferences

**Read-only survey view**
Technical quality guidance across partners

### Family, preferences and aspirations

Family background — parent education and occupation, siblings

Behaviour, likes, dislikes, reinforcements, education / therapy to date and sensory issues

Parents' dreams and concerns

Technical guidance

Save guidance

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

sense International INDIA

Sparsh Centre · Sanand

Draft preview

CBR Worker / Special Educator

1. Student & team | 2. Family & preferences | 3. Diagnosis & support | 4. Strengths & needs | 5. Functional assessment | 6. Annual goals | 7. Quarterly reviews | 8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 1 of 8 · Student & team

### Student and IEP team

Student name

Registration ID

Date of birth

dd/mm/yyyy

Age

Gender

Select

Date of developing IEP

dd/mm/yyyy

Academic year start

dd/mm/yyyy

Academic year end

dd/mm/yyyy

Persons responsible for implementation

Language used with student

IEP team members — name and role

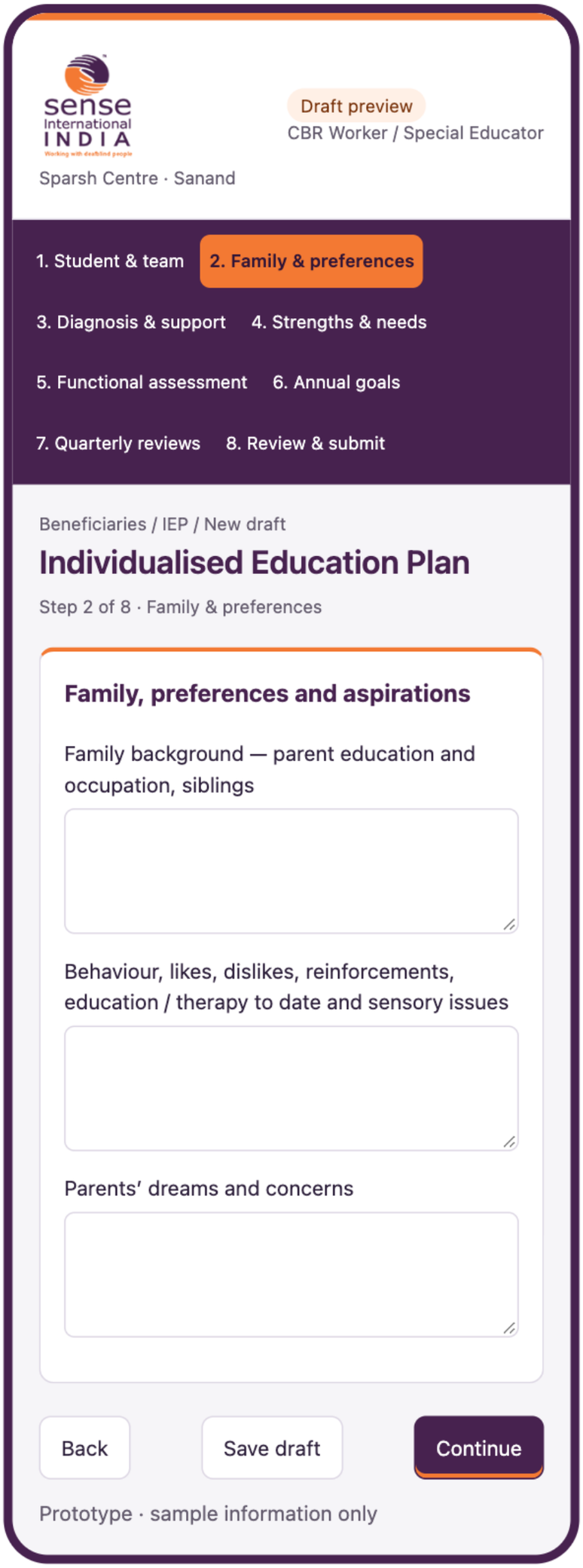
Student profile highlighting strengths (10–15 sentences)

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator



Web application | Mobile application

CBR Worker / Special Educator

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Working with deafblind people

Sparsh Centre · Sanand

Draft preview

CBR Worker / Special Educator

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6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 3 of 8 · Diagnosis & support

### Diagnosis and support needs

Vision — diagnosis and condition

Hearing — diagnosis and condition

Associated conditions — recorded clinical diagnoses

Other services required

Medication history, current medicines and associated conditions

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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CBR Worker / Special Educator

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6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 4 of 8 · Strengths & needs

### Strengths and priorities

Student-specific strengths

Important needs to address at present

Opportunities

Present and future concerns

IEP team names and signatures

Choose File | No file chosen

Team signing date

dd/mm/yyyy

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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Working with deafblind people

Sparsh Centre · Sanand

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CBR Worker / Special Educator

1. Student & team
2. Family & preferences
3. Diagnosis & support
4. Strengths & needs
5. Functional assessment
6. Annual goals
7. Quarterly reviews
8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 5 of 8 · Functional assessment

### Functional assessment report

Record current performance across the intervention areas before selecting goals.

- ▶ Personal care
- ▶ Motor skills
- ▶ Orientation and mobility
- ▶ Communication
- ▶ Social interactions
- ▶ Sensory abilities
- ▶ Leisure and recreation
- ▶ Cognition
- ▶ Sex education
- ▶ Pre-literacy
- ▶ Literacy
- ▶ Pre-vocational / job skills (14+)
- ▶ Behavioural
- ▶ Independent living (18+)
- ▶ Mental health

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Web application | Mobile application

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Sparsh Centre · Sanand

Draft preview

CBR Worker / Special Educator

1. Student & team | 2. Family & preferences

3. Diagnosis & support | 4. Strengths & needs

5. Functional assessment | 6. Annual goals

7. Quarterly reviews | 8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 6 of 8 · Annual goals

### Annual goals and quarterly objectives

Annual goal

Goal 1

Add another annual goal

Goal 1 · Area

Select

Goal 1 · Sub-area

Select

Goal 1 · Current level of performance

Goal 1 · SMART annual goal

### Quarter 1

Goal 1 · Q1 objective

Goal 1 · Q1 from

dd/mm/yyyy

Goal 1 · Q1 to

dd/mm/yyyy

### Quarter 2

Goal 1 · Q2 objective

Goal 1 · Q2 from

dd/mm/yyyy

Goal 1 · Q2 to

dd/mm/yyyy

### Quarter 3

Goal 1 · Q3 objective

Goal 1 · Q3 from

dd/mm/yyyy

Goal 1 · Q3 to

dd/mm/yyyy

### Quarter 4

Goal 1 · Q4 objective

Goal 1 · Q4 from

dd/mm/yyyy

Goal 1 · Q4 to

dd/mm/yyyy

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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Sparsh Centre · Sanand

Draft preview

CBR Worker / Special Educator

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3. Diagnosis & support | 4. Strengths & needs

5. Functional assessment | 6. Annual goals

7. Quarterly reviews | 8. Review & submit

Beneficiaries / IEP / New draft

## Individualised Education Plan

Step 7 of 8 · Quarterly reviews

### Quarterly implementation and evaluation

Annual goal

Goal 1

Add another annual goal

Quarter

Q1

Q1 objective: Not yet entered

Goal 1 · Q1 current performance

Goal 1 · Q1 key communication words / phrases / sentences

Goal 1 · Q1 strategies — activities, reinforcement, teaching methods and materials

Goal 1 · Q1 evaluation

Evaluation includes current performance, newly recognised strengths and difficulties encountered by the educator.

Goal 1 · Q1 educator signature

Choose File No file chosen

Goal 1 · Q1 coordinator signature

Choose File No file chosen

Back | Save draft | Continue

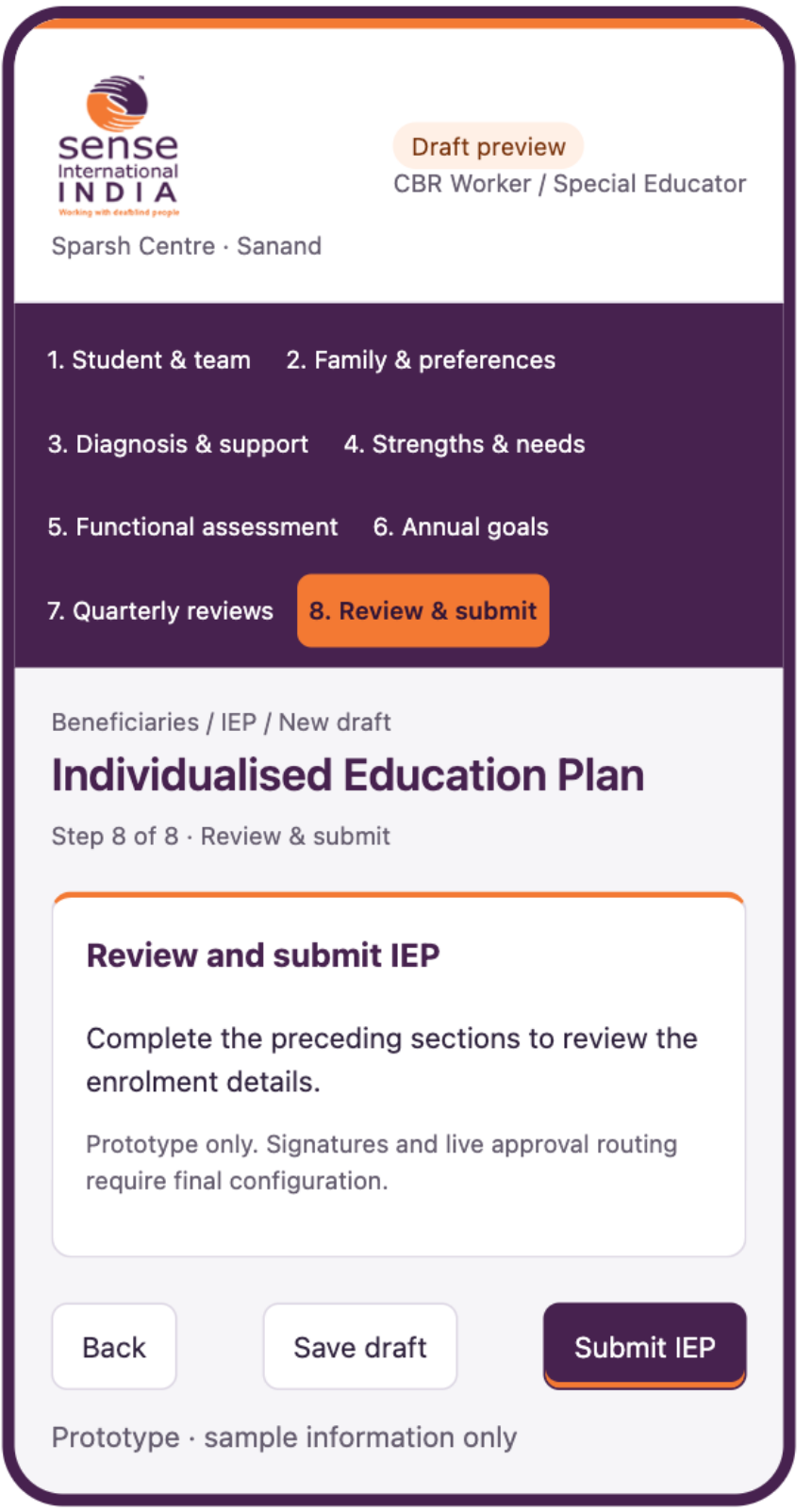
Prototype · sample information only

# Individualised Education Plan

Mobile | Step 8 of 8 - Review & submit

Web application | Mobile application

CBR Worker / Special Educator



Web application | Mobile application

Partner Coordinator

sense International INDIA

Working with deafblind people

Sparsh Centre · Sanand

Draft preview

Partner Coordinator

1. Student & team | 2. Family & preferences

3. Diagnosis & support | 4. Strengths & needs

5. Functional assessment | 6. Annual goals

7. Quarterly reviews | 8. Review & submit

Beneficiaries / IEP / New draft

## IEP review

Step 2 of 8 · Family & preferences

**IEP review · proposed workflow**

Own organisation · submitted records

### Family, preferences and aspirations

Family background — parent education and occupation, siblings

Behaviour, likes, dislikes, reinforcements, education / therapy to date and sensory issues

Parents' dreams and concerns

Review comment

Return for correction

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Prototype · sample information only

# Individualised Education Plan

Mobile | Partner Administrator - role view

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Partner Administrator

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Working with deafblind people

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Draft preview
Partner Administrator

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Beneficiaries / IEP / New draft

## IEP record

Step 2 of 8 · Family & preferences

**Read-only survey view**
Own organisation · staff and caseload oversight

### Family, preferences and aspirations

Family background — parent education and occupation, siblings

Behaviour, likes, dislikes, reinforcements, education / therapy to date and sensory issues

Parents' dreams and concerns

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Web application | Mobile application

Sense India CB Team

sense International INDIA
Working with deafblind people

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Draft preview
Sense India CB Team

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Beneficiaries / IEP / New draft

## IEP record

Step 2 of 8 · Family & preferences

**Read-only survey view**
Technical quality guidance across partners

### Family, preferences and aspirations

Family background — parent education and occupation, siblings

Behaviour, likes, dislikes, reinforcements, education / therapy to date and sensory issues

Parents' dreams and concerns

Technical guidance

Save guidance

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft

CBR Worker / Special Educator

1. Meeting & person
2. Background map
3. SNOW chart
4. Relationship map
5. Places map
6. Preferences map
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8. Communication map
9. Action plan
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Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

1 of 10 · Meeting & person

### Plan together with the person

Person's name: Sample service user

Registration ID: DEMO-001

Date of birth: dd/mm/yyyy

Age:

Meeting date: dd/mm/yyyy

Meeting place:

Facilitator: Special educator

Recorder: CBR worker

Participants and their roles: Service user; parent; special educator; CBR worker

How the person participates and expresses their choices: Offer choices using familiar object cues; allow time to respond.

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft

CBR Worker / Special Educator

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Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

2 of 10 · Background map

### Background map

Significant experiences and developmental milestones, from birth to the present.

Date / age / life stage: Early childhood

Event or milestone: Learned to move independently around familiar rooms

How this experience is described: Happy / positive

Remove

Add life event

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft

CBR Worker / Special Educator

1. Meeting & person
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10. Review

Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

3 of 10 · SNOW chart

### SNOW chart

**S**

Strengths · gifts, skills and talents

Enjoys familiar routines and communicates preferences through gestures.

**N**

Needs · support that matters now

Support to explore unfamiliar places.

**O**

Opportunities · people, services and possibilities

Family support and local community activities.

**W**

Worries · barriers and concerns

Unfamiliar surroundings can feel overwhelming.

Back | Save draft | Continue

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Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft

CBR Worker / Special Educator

1. Meeting & person
2. Background map
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5. Places map
6. Preferences map
7. Dreams map
8. Communication map
9. Action plan
10. Review

Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

4 of 10 · Relationship map

### Relationship map

**Sample service user**
At the centre of the plan

| Closest circle | Regular support | Wider community |
|---|---|---|
| Parent | Special educator | Neighbour |

Person's name: Parent
Relationship / role: Family
Circle: Closest circle
Remove

Person's name: Special educator
Relationship / role: Practitioner
Circle: Regular support
Remove

Person's name: Neighbour
Relationship / role: Community
Circle: Wider community
Remove

Add person

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft

CBR Worker / Special Educator

1. Meeting & person
2. Background map
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4. Relationship map
5. Places map
6. Preferences map
7. Dreams map
8. Communication map
9. Action plan
10. Review

Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

5 of 10 · Places map

### Places map

Place: Home

Connection: Visited / familiar

Support / access needs: Familiar layout and object cues

Remove

Place: Local park

Connection: Future visit

Support / access needs: Visit with a familiar person

Remove

Add place

Home environment — familiar spaces, layout and access

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft
CBR Worker / Special Educator

1. Meeting & person
2. Background map
3. SNOW chart
4. Relationship map
5. Places map
6. Preferences map
7. Dreams map
8. Communication map
9. Action plan
10. Review

Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

6 of 10 · Preferences map

### Preferences map

Likes, interests, preferred objects, food and people

Music, tactile books and time with family.

Dislikes, limitations and support needs

Needs preparation and a familiar companion for new activities.

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft

CBR Worker / Special Educator

1. Meeting & person
2. Background map
3. SNOW chart
4. Relationship map
5. Places map
6. Preferences map
7. Dreams map
8. Communication map
9. Action plan
10. Review

Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

7 of 10 · Dreams map

### Dreams map

Keep the person's own wishes visible alongside family and team aspirations.

Dream / desire for the future

Choose and join a preferred community activity.

Whose aspiration?

Service user

Support and possibilities

Explore accessible activities with family.

Remove

Dream / desire for the future

Travel more confidently to familiar places.

Whose aspiration?

Family / team

Support and possibilities

Orientation and mobility support.

Remove

Add dream

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft
CBR Worker / Special Educator

1. Meeting & person
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8. Communication map
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Beneficiaries / Personal Future Plan / Sample draft

# Personal Future Plan

8 of 10 · Communication map

## Communication map

When does the person communicate?

At mealtimes and during familiar activities.

Preferred modes of communication

Gestures, object cues and familiar signs.

Where do they communicate?

At home and at the centre.

With whom do they communicate?

Family members and special educator

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

Sense India · Person-centred planning

Sample plan · draft

CBR Worker / Special Educator

1. Meeting & person
2. Background map
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4. Relationship map
5. Places map
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8. Communication map
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10. Review

Beneficiaries / Personal Future Plan / Sample draft

## Personal Future Plan

9 of 10 · Action plan

### From dreams to action

Related dream: Choose a community activity

Next action: Explore two nearby activities together

Responsible person / people: Parent and CBR worker

Target date: dd/mm/yyyy

Progress: Planned

Remove

Add action

Next review date: dd/mm/yyyy

Back | Save draft | Continue

Prototype · sample information only

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CBR Worker / Special Educator

Sense India · Person-centred planning

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## Personal Future Plan

10 of 10 · Review

### Personal Future Plan overview

**Sample service user**
DEMO-001

**Strengths**

Enjoys familiar routines and communicates preferences through gestures.

**Needs**

Support to explore unfamiliar places.

**Opportunities**

Family support and local community activities.

**Worries**

Unfamiliar surroundings can feel overwhelming.

### Dreams

Choose and join a preferred community activity. · Service user

Travel more confidently to familiar places. · Family / team

### Agreed actions

**Explore two nearby activities together**

Parent and CBR worker · Planned

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Web | Partner Coordinator - role view

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## Personal Future Plan

2 of 10 · Background map

**Coordinator view**
Own organisation · read-only plan

### Background map

Significant experiences and developmental milestones, from birth to the present.

Date / age / life stage: Early childhood

Event or milestone: Learned to move independently around familiar rooms

How this experience is described: Happy / positive

Guidance / discussion note

Save note

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## Personal Future Plan

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**Organisation view**

Own organisation · read-only plan

### Background map

Significant experiences and developmental milestones, from birth to the present.

Date / age / life stage

Early childhood

Event or milestone

Learned to move independently around familiar rooms

How this experience is described

Happy / positive

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# Personal Future Plan

Web | Sense India CB Team - role view

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Sense India CB Team

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## Personal Future Plan

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**Technical guidance**
Across authorised partner records

### Background map

Significant experiences and developmental milestones, from birth to the present.

Date / age / life stage: Early childhood

Event or milestone: Learned to move independently around familiar rooms

How this experience is described: Happy / positive

Guidance / discussion note

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## Personal Future Plan

1 of 10 · Meeting & person

### Plan together with the person

Person's name: Sample service user

Registration ID: DEMO-001

Date of birth: dd/mm/yyyy

Age:

Meeting date: dd/mm/yyyy

Meeting place:

Facilitator: Special educator

Recorder: CBR worker

Participants and their roles: Service user; parent; special educator; CBR worker

How the person participates and expresses their choices: Offer choices using familiar object cues; allow time to respond.

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### Background map

Significant experiences and developmental milestones, from birth to the present.

Date / age / life stage

Early childhood

Event or milestone

Learned to move independently around

How this experience is described

Happy / positive

Remove

Add life event

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# Personal Future Plan

3 of 10 · SNOW chart

## SNOW chart

### S

Strengths · gifts, skills and talents

Enjoys familiar routines and communicates preferences through gestures.

### N

Needs · support that matters now

Support to explore unfamiliar places.

### O

Opportunities · people, services and possibilities

Family support and local community activities.

### W

Worries · barriers and concerns

Unfamiliar surroundings can feel overwhelming.

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## Personal Future Plan

4 of 10 · Relationship map

### Relationship map

**Sample service user**
At the centre of the plan

**Closest circle**

Parent

**Regular support**

Special educator

**Wider community**

Neighbour

Person's name: Parent

Relationship / role: Family

Circle: Closest circle

Remove

Person's name: Special educator

Relationship / role: Practitioner

Circle: Regular support

Remove

Person's name: Neighbour

Relationship / role: Community

Circle: Wider community

Remove

Add person

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## Personal Future Plan

5 of 10 · Places map

### Places map

Place

Home

Connection

Visited / familiar

Support / access needs

Familiar layout and object cues

Remove

Place

Local park

Connection

Future visit

Support / access needs

Visit with a familiar person

Remove

Add place

Home environment — familiar spaces, layout and access

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## Personal Future Plan

6 of 10 · Preferences map

### Preferences map

Likes, interests, preferred objects, food and people

Music, tactile books and time with family.

Dislikes, limitations and support needs

Needs preparation and a familiar companion for new activities.

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# Personal Future Plan

7 of 10 · Dreams map

## Dreams map

Keep the person's own wishes visible alongside family and team aspirations.

Dream / desire for the future

Choose and join a preferred community

Whose aspiration?

Service user

Support and possibilities

Explore accessible activities with family.

Remove

Dream / desire for the future

Travel more confidently to familiar place

Whose aspiration?

Family / team

Support and possibilities

Orientation and mobility support.

Remove

Add dream

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## Personal Future Plan

8 of 10 · Communication map

### Communication map

When does the person communicate?

At mealtimes and during familiar activities.

Preferred modes of communication

Gestures, object cues and familiar signs.

Where do they communicate?

At home and at the centre.

With whom do they communicate?

Family members and special educator

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## Personal Future Plan

9 of 10 · Action plan

### From dreams to action

Related dream

Choose a community activity

Next action

Explore two nearby activities together

Responsible person / people

Parent and CBR worker

Target date

Progress

Planned

Remove

Add action

Next review date

dd/mm/yyyy

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## Personal Future Plan

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### Personal Future Plan overview

**Sample service user**
DEMO-001

**Strengths**

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Parent and CBR worker · Planned

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## Personal Future Plan

2 of 10 · Background map

**Coordinator view**

Own organisation · read-only plan

### Background map

Significant experiences and developmental milestones, from birth to the present.

Date / age / life stage

Early childhood

Event or milestone

Learned to move independently around

How this experience is described

Happy / positive

Guidance / discussion note

Save note

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**Organisation view**

Own organisation · read-only plan

### Background map

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## Personal Future Plan

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### Technical guidance

Across authorised partner records

### Background map

Significant experiences and developmental milestones, from birth to the present.

Date / age / life stage

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## My Personal Passport

1 of 12 · About me

First-person reading view

Edit this page

### Hello, I am Sample service user

Sample content for design review

My photo

**My name is**

Sample service user

**My birthday is**

Not yet added

**I study at**

Not yet added

**A little about me**

I enjoy spending time with people who know me well.

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## My Personal Passport

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### Hello, I am Sample service user

Sample content for design review

My photo

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Sample service user

My birthday is

dd/mm/yyyy

I study at

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## My Personal Passport

2 of 12 · Important things

First-person reading view

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### Important things

My photos, objects or signs

**The most important things to know about me**

Please introduce yourself and give me time to respond.

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## My Personal Passport

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## My Personal Passport

3 of 12 · Communicate with me

First-person reading view

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## Communicate with me

My photos, objects or signs

**You can communicate with me by**

Use my familiar gestures and object cues.

**Please position signs and objects**

Use the distance and placement recorded in my individual assessment.

**Please give me time to respond by**

Pause and watch for my response before repeating.

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## My Personal Passport

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My photos, objects or signs

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Use the distance and placement recorded in my individual assessment.

Please give me time to respond by

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## My Personal Passport

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First-person reading view

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## My hearing

My photos, objects or signs

**My diagnosed hearing level is**

Not yet added

**My left ear**

Not yet added

**My right ear**

Not yet added

**My hearing devices**

Not yet added

**In everyday situations, I hear best when**

Reduce background noise and check that I am ready.

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## My Personal Passport

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## My hearing

My photos, objects or signs

My diagnosed hearing level is

My left ear

My right ear

My hearing devices

In everyday situations, I hear best when

Reduce background noise and check that I am ready.

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## My Personal Passport

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First-person reading view

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### My vision

My photos, objects or signs

**My visual condition is**

Not yet added

**I use glasses**

Not yet added

**I see objects and pictures best at**

Not yet added

**The size of objects and pictures that helps me is**

Not yet added

**Colours and contrast that help me**

Not yet added

**Lighting that helps me**

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## My Personal Passport

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### My vision

My photos, objects or signs

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## My Personal Passport

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First-person reading view

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### My family & friends

My photos, objects or signs

**My family**

My family helps people understand my choices.

**My friends and other important people, including pets**

Not yet added

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### My family & friends

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My family

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My friends and other important people, including pets

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## My Personal Passport

7 of 12 · Likes & dislikes

First-person reading view

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### Likes & dislikes

My photos, objects or signs

**Things I really like**

Music, familiar activities and tactile books.

**You can tell I like something when**

I reach towards the activity or repeat my familiar positive gesture.

**Things I am not keen on**

Being rushed or having activities changed without warning.

**You can tell I am uncomfortable when**

I may turn away. Please pause and check what I need.

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## My Personal Passport

8 of 12 · School & home

First-person reading view

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## School & home

My photos, objects or signs

**At school, I enjoy**

Not yet added

**My classroom, staff and work areas**

Not yet added

**At home, my favourite spaces and routines are**

I enjoy familiar spaces and predictable routines.

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## My Personal Passport

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### School & home

My photos, objects or signs

At school, I enjoy

My classroom, staff and work areas

At home, my favourite spaces and routines are

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## My Personal Passport

9 of 12 · Eating & physical support

First-person reading view

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## Eating & physical support

My photos, objects or signs

**How I eat and drink**

Not yet added

**Foods I enjoy and foods I do not enjoy**

Not yet added

**Utensils and equipment that help me**

Not yet added

**My physical routines and physio / OT recommendations**

Not yet added

**My chair and positioning needs**

Not yet added

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## Medical & contacts

My photos, objects or signs

**Medical information you need to know**

Not yet added

**If a medical emergency arises, please follow**

Refer to my agreed emergency protocol and contact trained staff.

**My important contacts — name, role and number**

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**My signs, gestures, expressions and symbols — what they mean**

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My photos, objects or signs

**The key person who keeps my passport up to date is**

Assigned special educator

**You can contact them at**

Not yet added

**People who helped me create my passport**

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**How I contributed my choices**

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## My Personal Passport

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### Hello, I am Sample service user

Sample content for design review

My photo

**My name is**

Sample service user

**My birthday is**

Not yet added

**I study at**

Not yet added

**A little about me**

I enjoy spending time with people who know me well.

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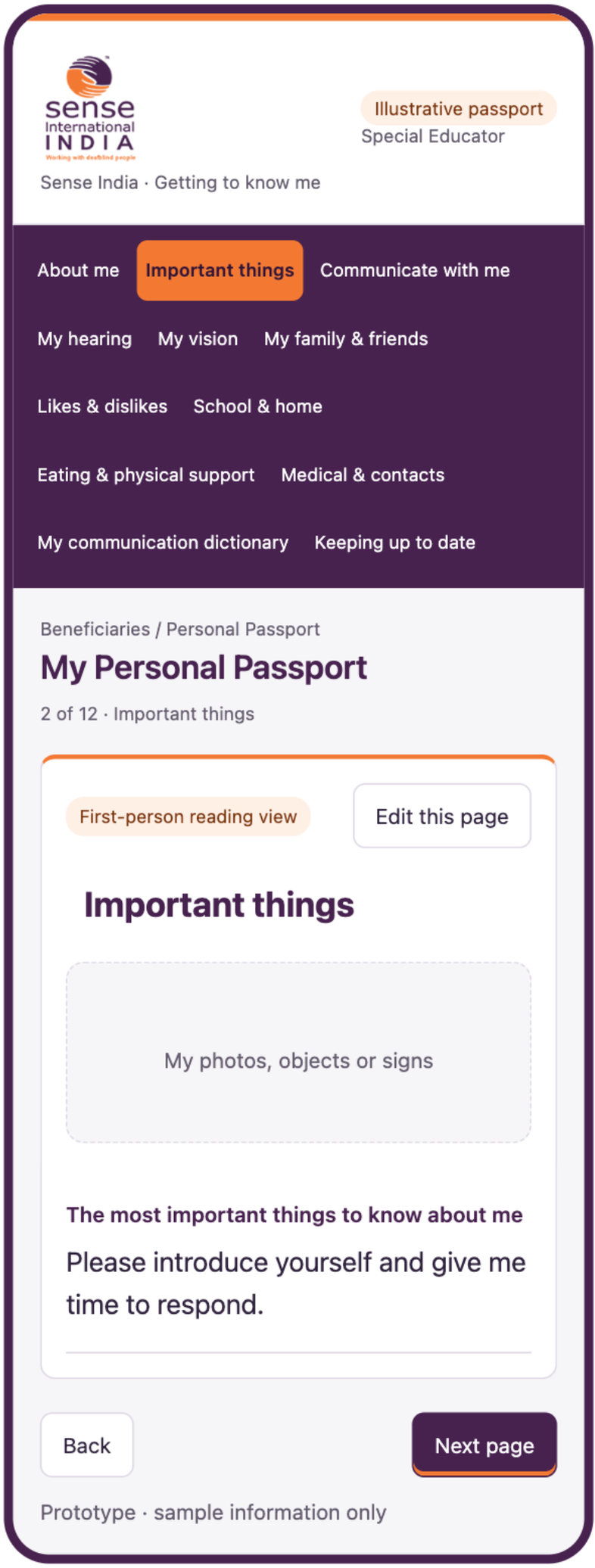

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## My Personal Passport

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## Communicate with me

My photos, objects or signs

**You can communicate with me by**

Use my familiar gestures and object cues.

**Please position signs and objects**

Use the distance and placement recorded in my individual assessment.

**Please give me time to respond by**

Pause and watch for my response before repeating.

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## My Personal Passport

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## My hearing

My photos, objects or signs

**My diagnosed hearing level is**

Not yet added

**My left ear**

Not yet added

**My right ear**

Not yet added

**My hearing devices**

Not yet added

**In everyday situations, I hear best when**

Reduce background noise and check that I am ready.


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## My Personal Passport

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## My vision

My photos, objects or signs

**My visual condition is**

Not yet added

**I use glasses**

Not yet added

**I see objects and pictures best at**

Not yet added

**The size of objects and pictures that helps me is**

Not yet added

**Colours and contrast that help me**

Not yet added

**Lighting that helps me**

Not yet added

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## My Personal Passport

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## My family & friends

My photos, objects or signs

**My family**

My family helps people understand my choices.

**My friends and other important people, including pets**

Not yet added

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### My family & friends

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My family

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My friends and other important people, including pets

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## Likes & dislikes

My photos, objects or signs

**Things I really like**

Music, familiar activities and tactile books.

**You can tell I like something when**

I reach towards the activity or repeat my familiar positive gesture.

**Things I am not keen on**

Being rushed or having activities changed without warning.

**You can tell I am uncomfortable when**

I may turn away. Please pause and check what I need.

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## School & home

My photos, objects or signs

**At school, I enjoy**

Not yet added

**My classroom, staff and work areas**

Not yet added

**At home, my favourite spaces and routines are**

I enjoy familiar spaces and predictable routines.

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## Eating & physical support

My photos, objects or signs

**How I eat and drink**

Not yet added

**Foods I enjoy and foods I do not enjoy**

Not yet added

**Utensils and equipment that help me**

Not yet added

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Not yet added

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Not yet added

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Not yet added

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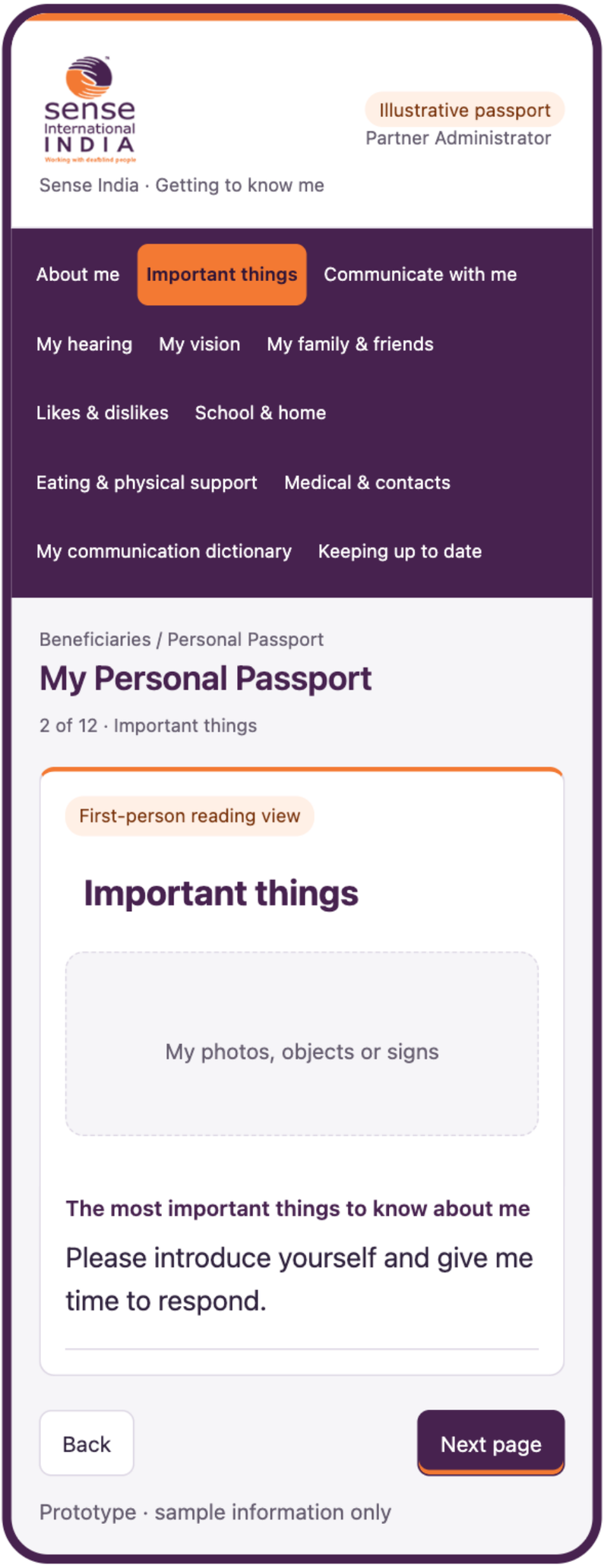

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Project Team

1. Child & parents
2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

## Prayaas registration

Parents · 1 of 4 · Child & parents

### Child & parents

Title

Child's first name

Middle name

Last name

Father's first name

Father's name part 2 (FN2)

Father's name part 3 (FN3)

Mother's first name

Mother's name part 2 (MN2)

Mother's name part 3 (MN3)

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Networks / Membership registration

## Prayaas registration

Parents · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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1. Child & parents
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Networks / Membership registration

## Prayaas registration

Parents · 3 of 4 · Contact

### Contact

Phone 1

Phone 2

Email

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Prayaas

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1. Child & parents
2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

## Prayaas registration

Parents · 4 of 4 · Review & workflow

### Review registration

### Child & parents

Title: Not entered

Child's first name: Not entered

Middle name: Not entered

Last name: Not entered

Father's first name: Not entered

Father's name part 2 (FN2): Not entered

Father's name part 3 (FN3): Not entered

Mother's first name: Not entered

Mother's name part 2 (MN2): Not entered

Mother's name part 3 (MN3): Not entered

### Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

### Contact

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

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Submit for verification

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State Coordinator

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State Coordinator

1. Child & parents
2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

## Prayaas registration

Parents · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Institution Head

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1. Child & parents
2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

## Prayaas registration

Parents · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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1. Child & parents
2. Address
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## Prayaas registration

Parents · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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4. Review & workflow

Networks / Membership registration

## Abhi-Prerna registration

Teachers · 1 of 4 · Member & membership

### Member & membership

Network form name

Name

Gender

Select

Membership

Present designation

Membership number

Date of birth

dd/mm/yyyy

Age

Membership fee

CRR number

Fee amount

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Networks / Membership registration

## Abhi-Prerna registration

Teachers · 2 of 4 · Organisation

### Organisation

Organisation name

Duration of support

Office address

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1. Member & membership
2. Organisation
3. Contact & expectations
4. Review & workflow

Networks / Membership registration

## Abhi-Prerna registration

Teachers · 3 of 4 · Contact & expectations

### Contact & expectations

Address

State

District

Mobile number

Alternate mobile number

Email

Expectations from this network

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1. Member & membership
2. Organisation
3. Contact & expectations
4. Review & workflow

Networks / Membership registration

## Abhi-Prerna registration

Teachers · 4 of 4 · Review & workflow

### Review registration

#### Member & membership

Network form name: Not entered

Name: Not entered

Gender: Not entered

Membership: Not entered

Present designation: Not entered

Membership number: Not entered

Date of birth: Not entered

Age: Not entered

Membership fee: Not entered

CRR number: Not entered

Fee amount: Not entered

#### Organisation

Organisation name: Not entered

Duration of support: Not entered

Office address: Not entered

#### Contact & expectations

Address: Not entered

State: Not entered

District: Not entered

Mobile number: Not entered

Alternate mobile number: Not entered

Email: Not entered

Expectations from this network: Not entered

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Submit for verification

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1. Member & membership
2. Organisation
3. Contact & expectations
4. Review & workflow

Networks / Membership registration

## Abhi-Prerna registration

Teachers · 2 of 4 · Organisation

### Organisation

Organisation name

Duration of support

Office address

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3. Contact & expectations
4. Review & workflow

Networks / Membership registration

## Abhi-Prerna registration

Teachers · 2 of 4 · Organisation

### Organisation

Organisation name

Duration of support

Office address

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1. Member & membership
2. Organisation
3. Contact & expectations
4. Review & workflow

Networks / Membership registration

## Abhi-Prerna registration

Teachers · 2 of 4 · Organisation

### Organisation

Organisation name

Duration of support

Office address

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Project Team

1. Member details
2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 1 of 4 · Member details

### Member details

Udaan registration number

Title

First name

Middle name

Last name

Age

Gender

Select

Condition

Back | Save draft | Continue

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Udaan

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Project Team

1. Member details
2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Project Team

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Project Team

1. Member details
2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 3 of 4 · Contact & access

### Contact & access

Phone 1

Phone 2

Email

Medium of written information

Back | Save draft | Review registration

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Udaan

Project Team

Sense India · Networks

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Project Team

1. Member details
2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 4 of 4 · Review & workflow

### Review registration

### Member details

Udaan registration number: Not entered

Title: Not entered

First name: Not entered

Middle name: Not entered

Last name: Not entered

Age: Not entered

Gender: Not entered

Condition: Not entered

### Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

### Contact & access

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

Medium of written information: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

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Udaan

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State Coordinator

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2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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3. Contact & access
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## Udaan registration

Adults with deafblindness · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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1. Member details
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3. Contact & access
4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 2 of 4 · Address

### Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Bandhan

Project Team

Sense India · Networks

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Project Team

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

# Bandhan registration

Siblings · 1 of 5 · About the member

## About the member

The workbook says this number may be used for network communication and support groups. Contact consent is captured separately.

First name

Last name

Date of birth

dd/mm/yyyy

Gender

Select

State / UT

City / district

Email address

WhatsApp / phone number

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Prototype · sample information only

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Bandhan

Project Team

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Project Team

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2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Bandhan

Project Team

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3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

# Bandhan registration

Siblings · 3 of 5 · Education & caregiving

## Education & caregiving

Highest level of education completed

Current employment status

Has caregiving affected your education or career?

Select

Are you involved in caregiving for your sibling?

Select

Biggest challenges as a sibling

Support you are looking for from this network

Willing to volunteer or contribute?

Select

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Project Team

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3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 4 of 5 · Agreement & organisation

### Agreement & organisation

- [ ] I have read and agree to the above
- [ ] I consent to WhatsApp / phone contact for network updates

Associated partner organisation name

Agreement text referenced by “the above” must be supplied before this declaration can be used.

Back | Save draft | Review registration

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Bandhan

Project Team

Sense India · Networks

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Project Team

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 5 of 5 · Review & workflow

### Review registration

### About the member

First name: Not entered

Last name: Not entered

Date of birth: Not entered

Gender: Not entered

State / UT: Not entered

City / district: Not entered

Email address: Not entered

WhatsApp / phone number: Not entered

### Sibling & services

Name of sibling with deafblindness / multiple disability: Not entered

Is your sibling a child or an adult?: Not entered

All disabilities your sibling has: Not entered

Does your sibling receive formal support or services?: Not entered

### Education & caregiving

Highest level of education completed: Not entered

Current employment status: Not entered

Has caregiving affected your education or career?: Not entered

Are you involved in caregiving for your sibling?: Not entered

Biggest challenges as a sibling: Not entered

Support you are looking for from this network: Not entered

Willing to volunteer or contribute?: Not entered

### Agreement & organisation

I have read and agree to the above: No

I consent to WhatsApp / phone contact for network updates: No

Associated partner organisation name: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

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Bandhan

State Coordinator

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1. About the member
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4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Bandhan

Institution Head

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1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
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Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Partner Administrator

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Partner Administrator

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Project Team

1. Child & parents | 2. Address | 3. Contact | 4. Review & workflow

Networks / Membership registration

## Prayaas registration

Parents · 1 of 4 · Child & parents

### Child & parents

Title

Child's first name

Middle name

Last name

Father's first name

Father's name part 2 (FN2)

Father's name part 3 (FN3)

Mother's first name

Mother's name part 2 (MN2)

Mother's name part 3 (MN3)

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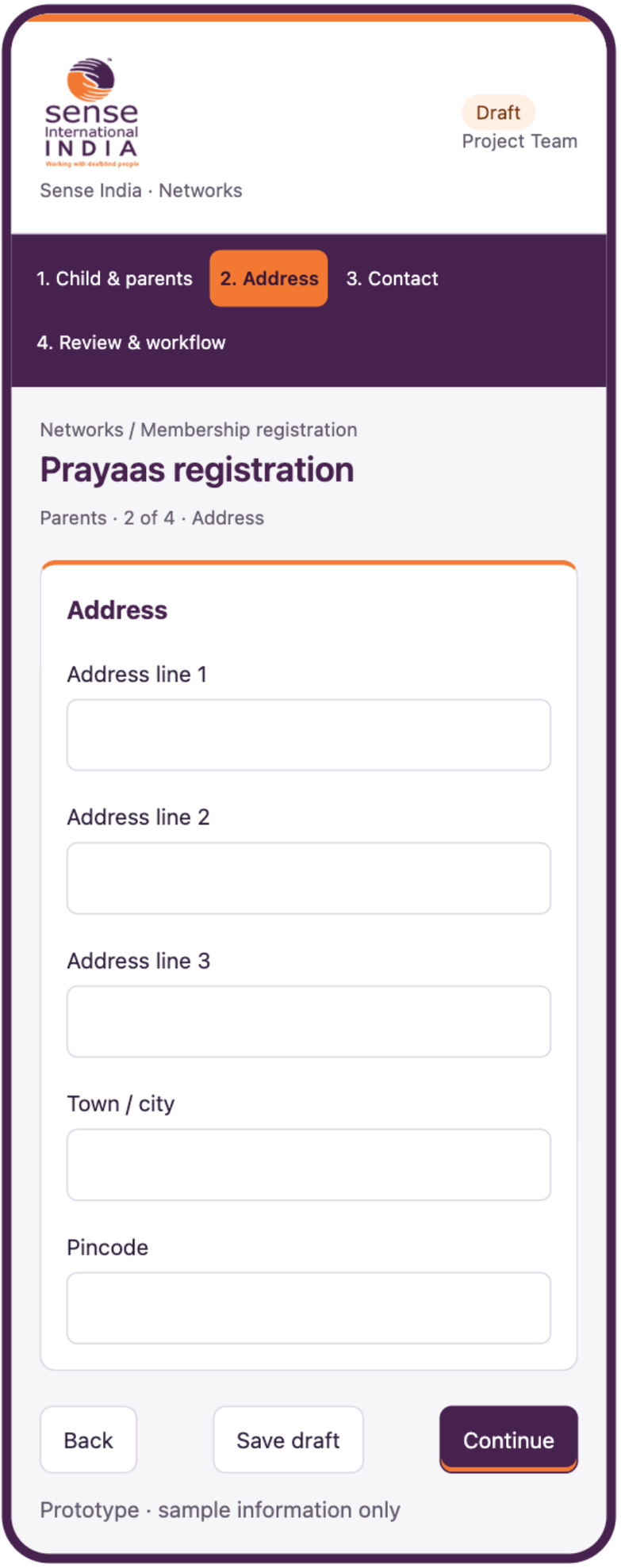
Prayaas

Project Team



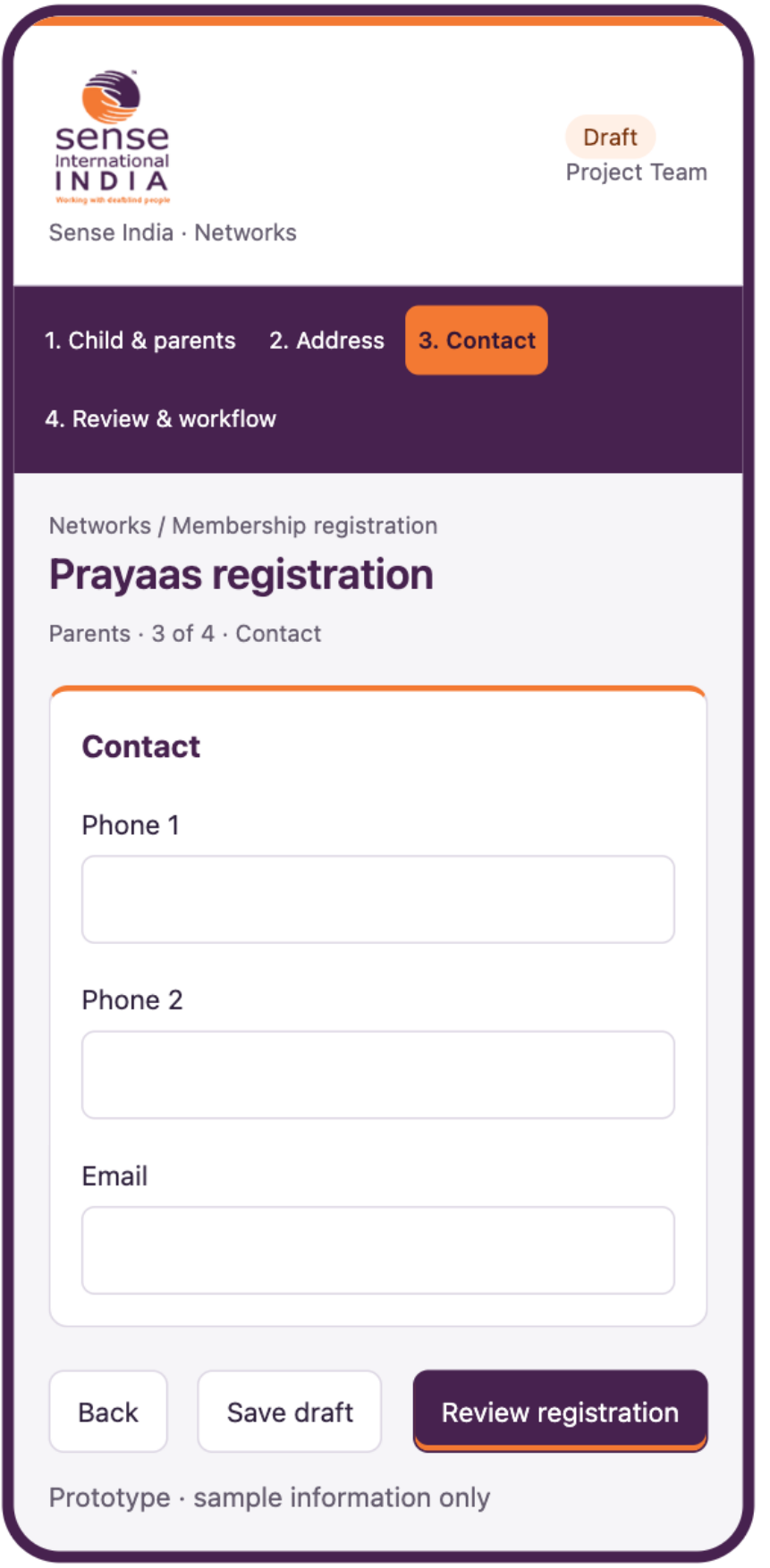
# Network Registrations

Mobile | Prayaas - Parents - 3 of 4 - Contact

Web application | Mobile application

Prayaas

Project Team



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1. Child & parents | 2. Address | 3. Contact | 4. Review & workflow

Networks / Membership registration

## Prayaas registration

Parents · 4 of 4 · Review & workflow

### Review registration

#### Child & parents

Title: Not entered

Child's first name: Not entered

Middle name: Not entered

Last name: Not entered

Father's first name: Not entered

Father's name part 2 (FN2): Not entered

Father's name part 3 (FN3): Not entered

Mother's first name: Not entered

Mother's name part 2 (MN2): Not entered

Mother's name part 3 (MN3): Not entered

#### Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

#### Contact

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

Back | Save draft

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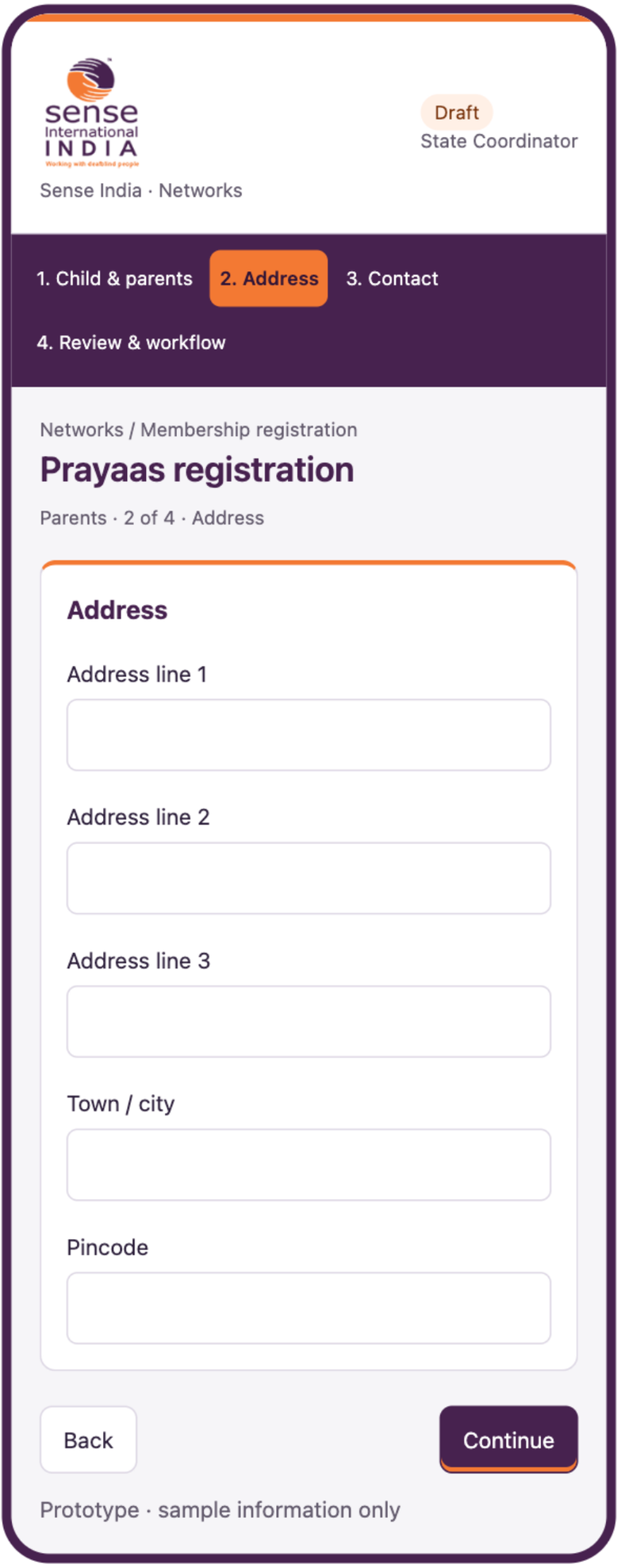
Prayaas

State Coordinator



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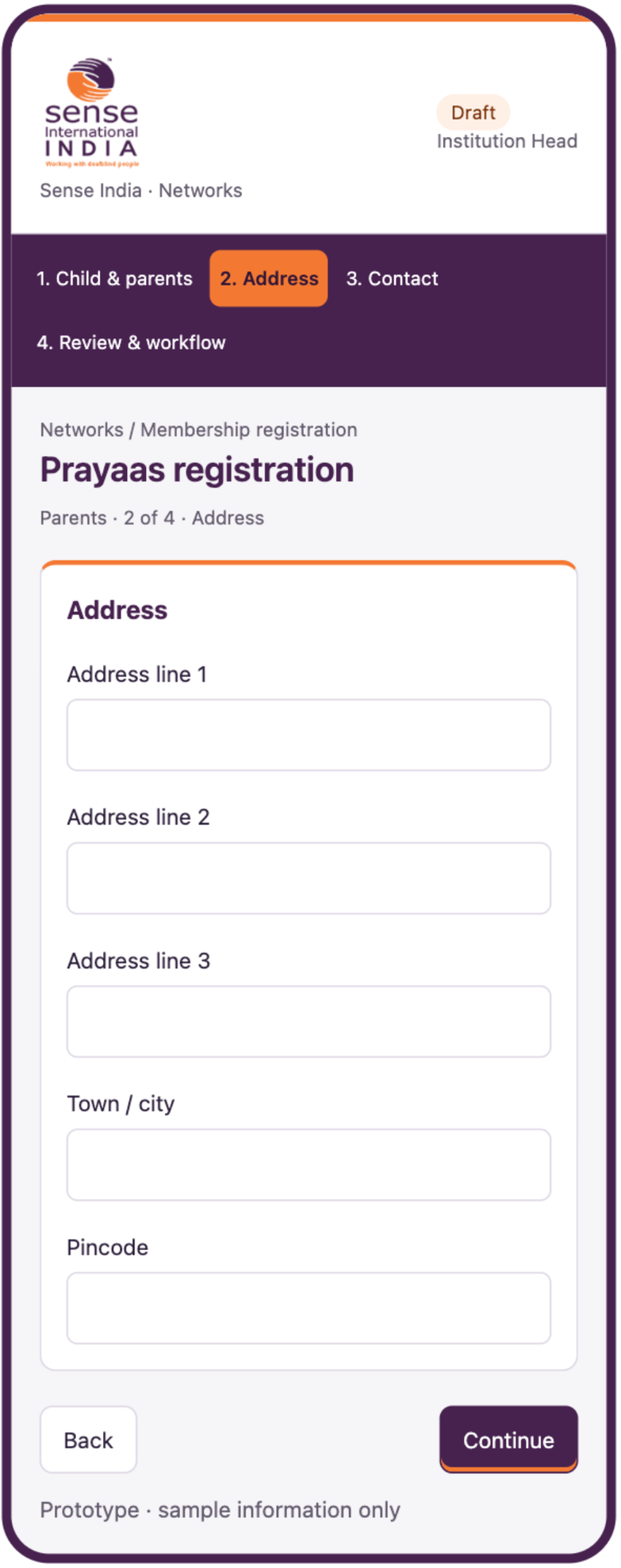
Prayaas

Institution Head



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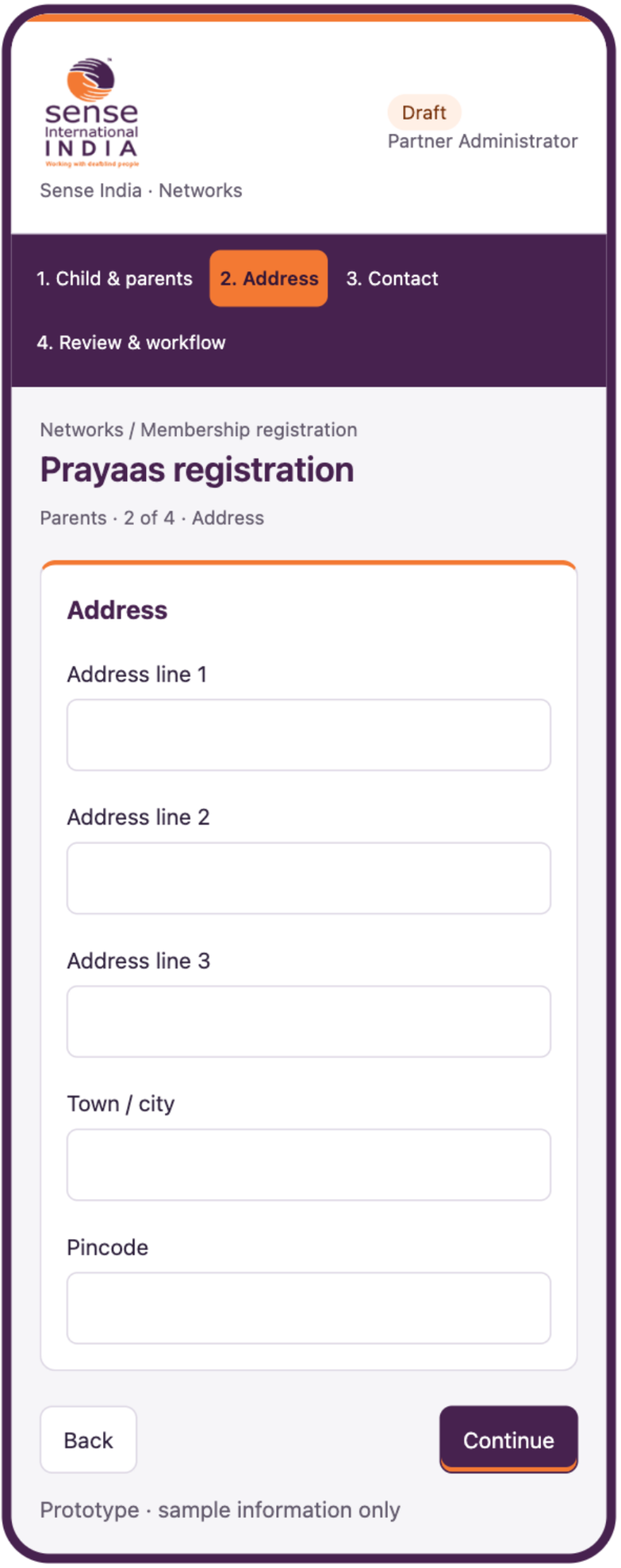
Prayaas

Partner Administrator



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Networks / Membership registration

## Abhi-Prerna registration

Teachers · 1 of 4 · Member & membership

### Member & membership

Network form name

Name

Gender

Select

Membership

Present designation

Membership number

Date of birth

dd/mm/yyyy

Age

Membership fee

CRR number

Fee amount

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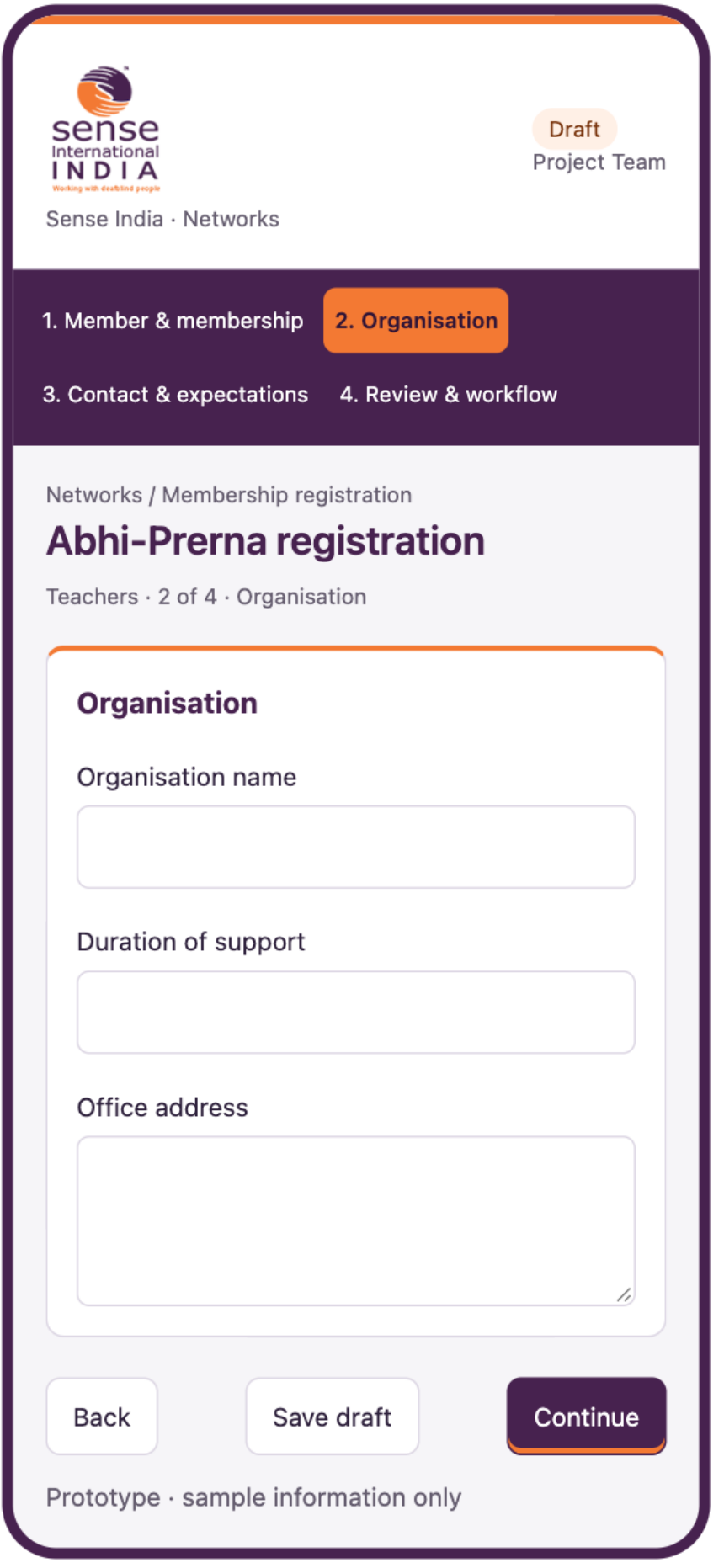
Abhi-Prerna

Project Team



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Networks / Membership registration

## Abhi-Prerna registration

Teachers · 3 of 4 · Contact & expectations

### Contact & expectations

Address

State

District

Mobile number

Alternate mobile number

Email

Expectations from this network

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Networks / Membership registration

## Abhi-Prerna registration

Teachers · 4 of 4 · Review & workflow

### Review registration

#### Member & membership

Network form name: Not entered

Name: Not entered

Gender: Not entered

Membership: Not entered

Present designation: Not entered

Membership number: Not entered

Date of birth: Not entered

Age: Not entered

Membership fee: Not entered

CRR number: Not entered

Fee amount: Not entered

#### Organisation

Organisation name: Not entered

Duration of support: Not entered

Office address: Not entered

#### Contact & expectations

Address: Not entered

State: Not entered

District: Not entered

Mobile number: Not entered

Alternate mobile number: Not entered

Email: Not entered

Expectations from this network: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

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# Network Registrations

Mobile | Abhi-Prerna - State Coordinator - role view

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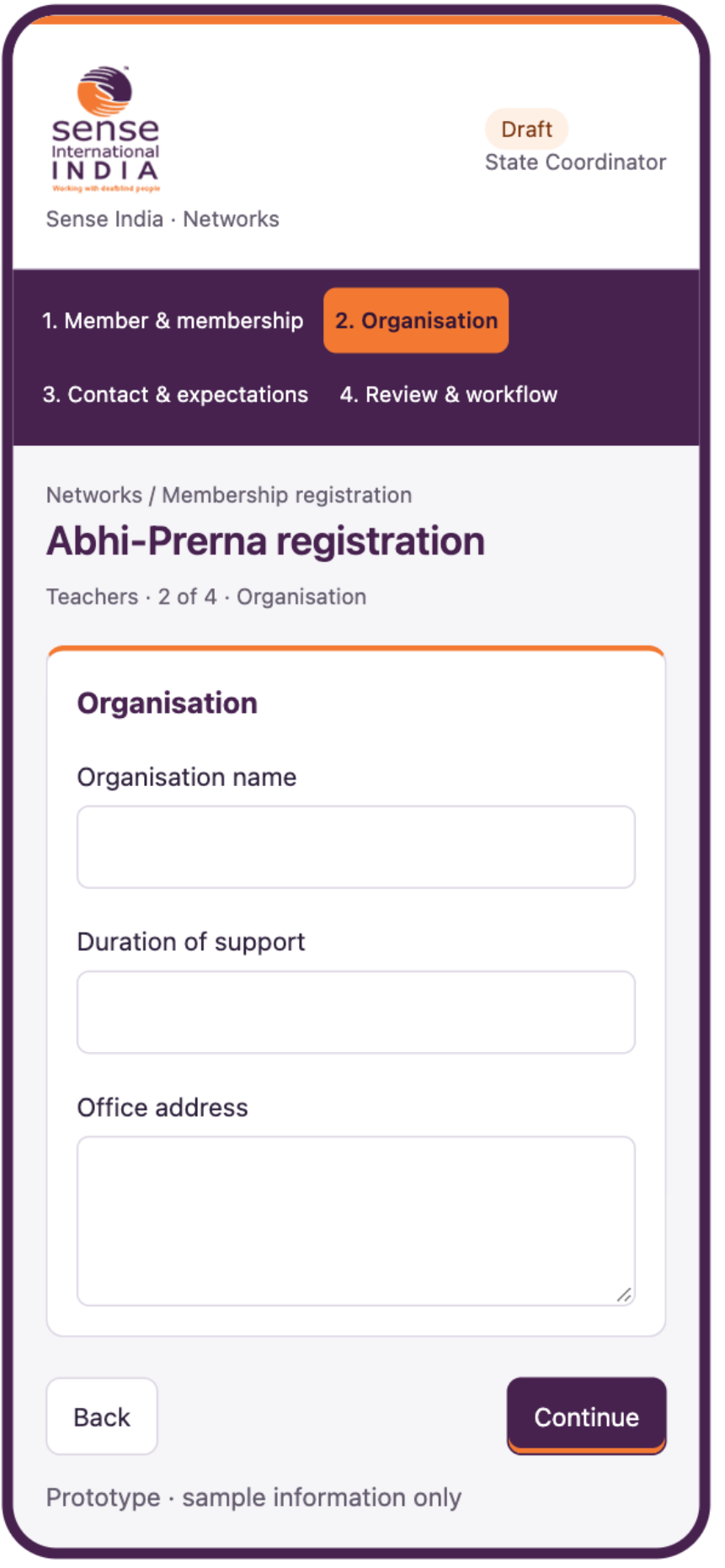
Abhi-Prerna

State Coordinator



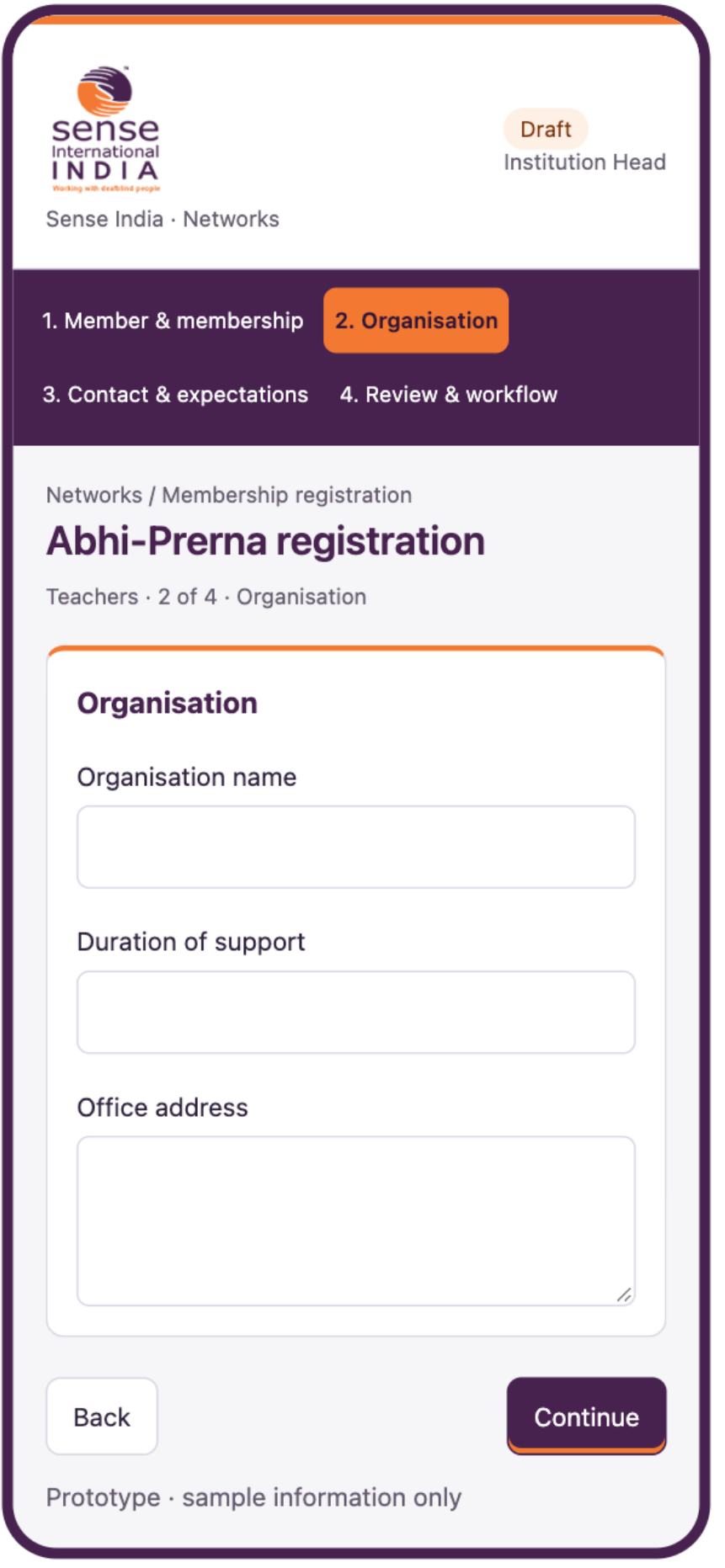
# Network Registrations

Mobile | Abhi-Prerna - Institution Head - role view

Web application | Mobile application

Abhi-Prerna

Institution Head



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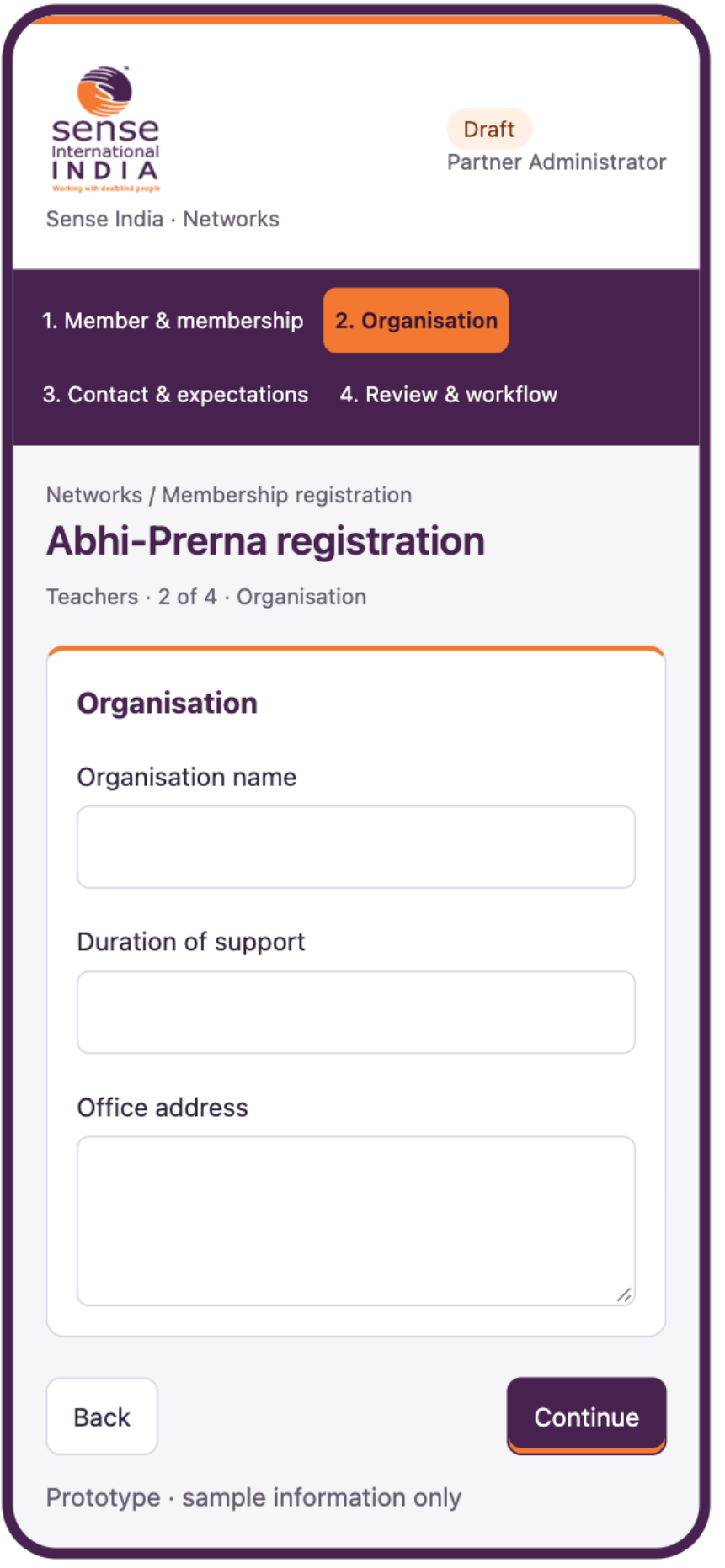
Abhi-Prerna

Partner Administrator



# Network Registrations

Mobile | Udaan - Adults with deafblindness - 1 of 4 - Member details

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Networks / Membership registration

## Udaan registration

Adults with deafblindness · 1 of 4 · Member details

### Member details

Udaan registration number

Title

First name

Middle name

Last name

Age

Gender

Select

Condition

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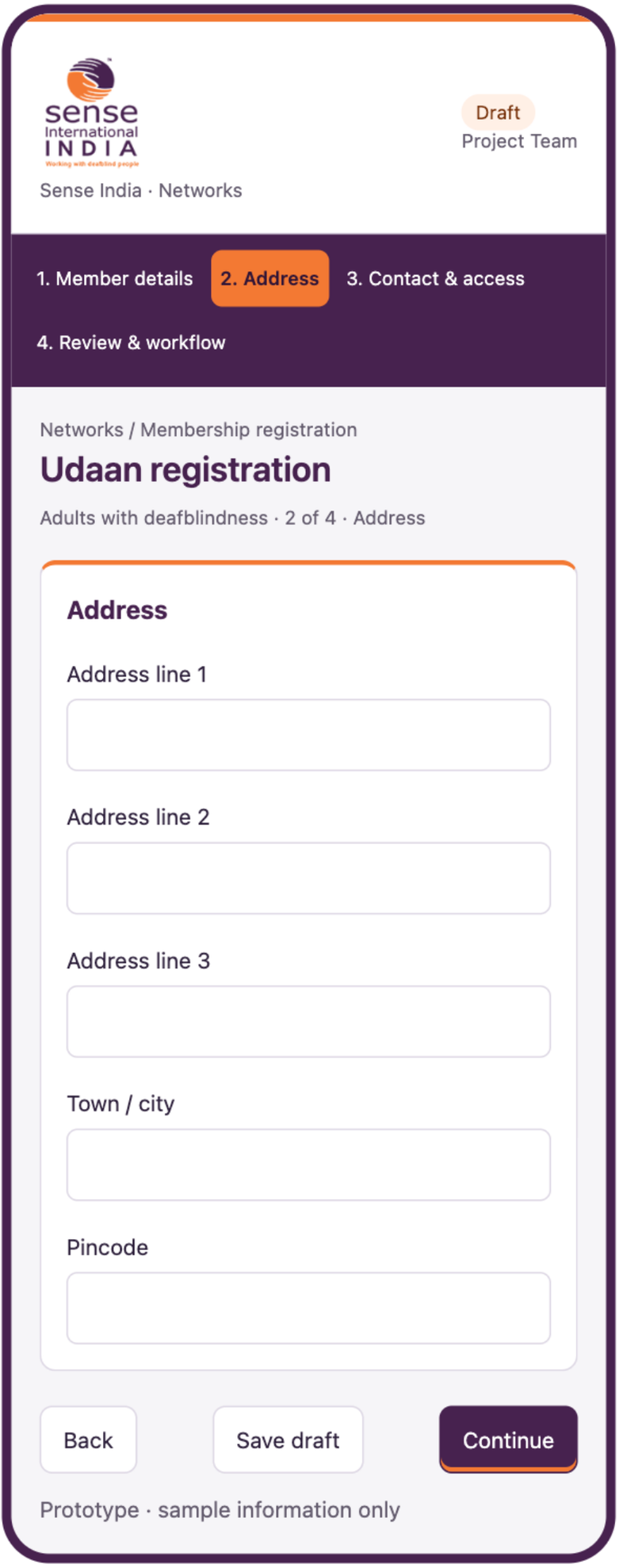
Udaan

Project Team



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1. Member details | 2. Address | 3. Contact & access | 4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 3 of 4 · Contact & access

### Contact & access

Phone 1

Phone 2

Email

Medium of written information

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Project Team

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Working with deafblind people

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Draft

Project Team

1. Member details | 2. Address | 3. Contact & access | 4. Review & workflow

Networks / Membership registration

## Udaan registration

Adults with deafblindness · 4 of 4 · Review & workflow

### Review registration

#### Member details

Udaan registration number: Not entered

Title: Not entered

First name: Not entered

Middle name: Not entered

Last name: Not entered

Age: Not entered

Gender: Not entered

Condition: Not entered

#### Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

#### Contact & access

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

Medium of written information: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

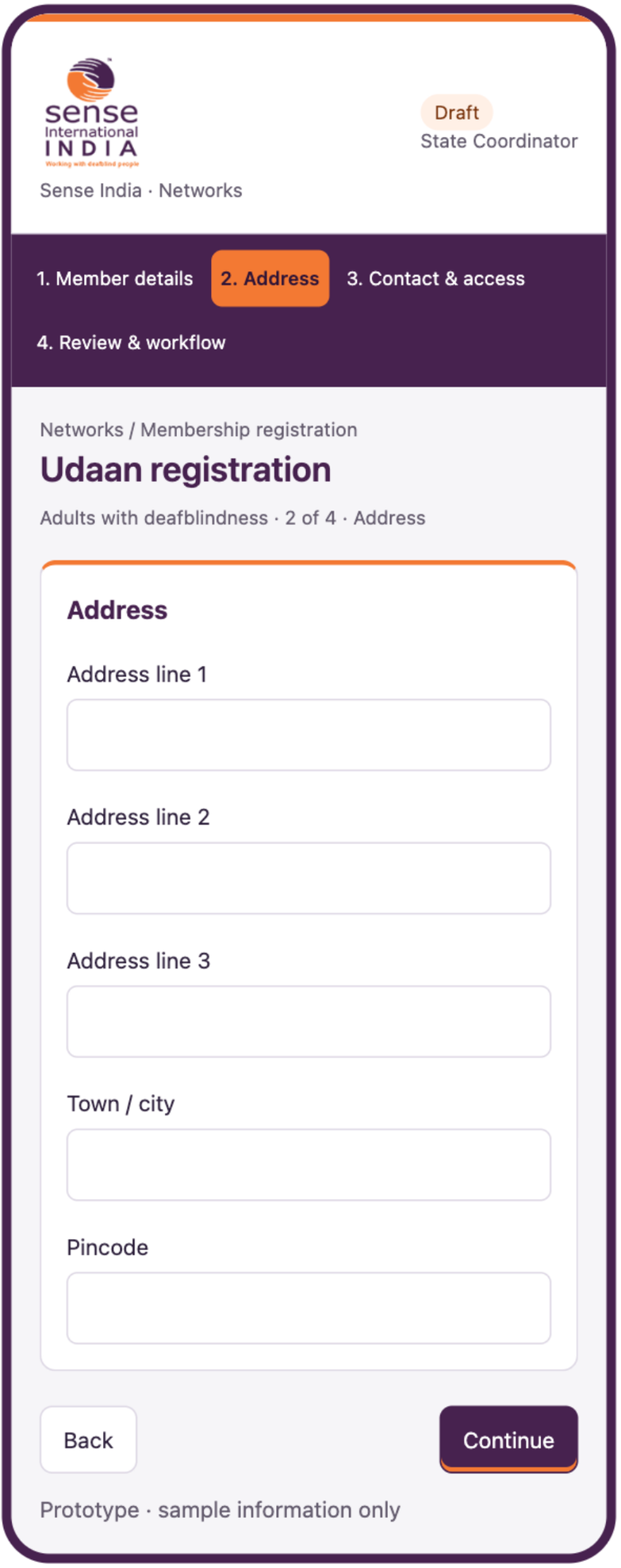
Back | Save draft

Prototype · sample information only

Web application | Mobile application

Udaan

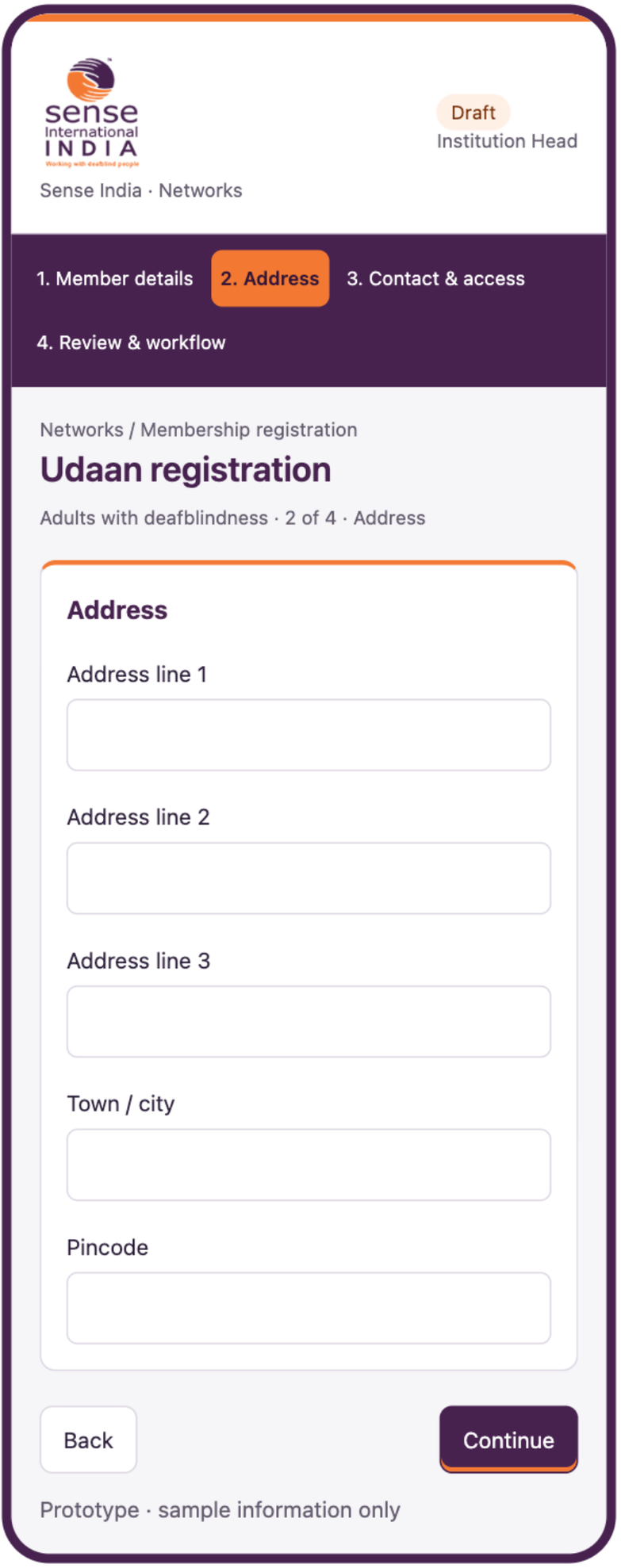
State Coordinator



Web application | Mobile application

Udaan

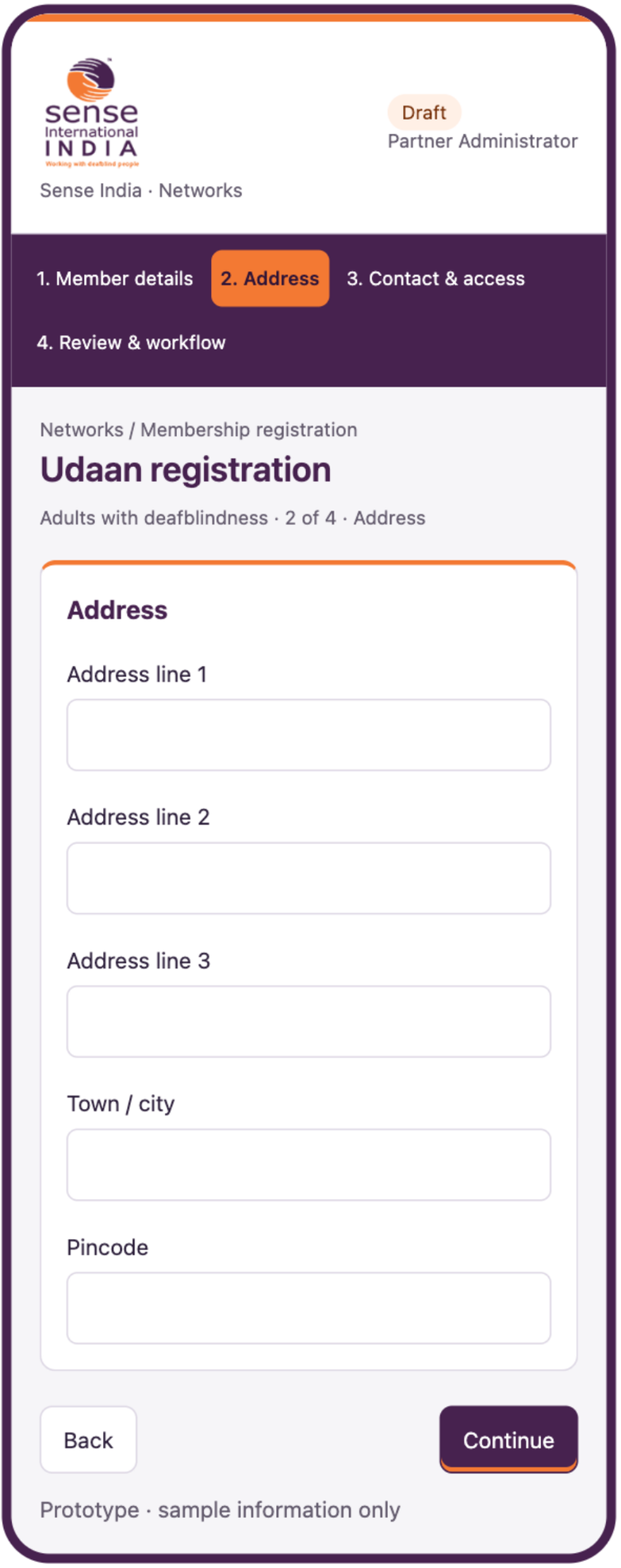
Institution Head



Web application | Mobile application

Udaan

Partner Administrator



Web application | Mobile application

Bandhan

Project Team

sense International INDIA

Working with deafblind people

Sense India · Networks

Draft

Project Team

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 1 of 5 · About the member

### About the member

The workbook says this number may be used for network communication and support groups. Contact consent is captured separately.

First name

Last name

Date of birth

dd/mm/yyyy

Gender

Select

State / UT

City / district

Email address

WhatsApp / phone number

Back | Save draft | Continue

Prototype · sample information only

# Network Registrations

Mobile | Bandhan - Siblings - 2 of 5 - Sibling & services

Web application | Mobile application

Bandhan

Project Team

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Draft

Project Team

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

Bandhan

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Project Team

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 3 of 5 · Education & caregiving

### Education & caregiving

Highest level of education completed

Current employment status

Has caregiving affected your education or career?

Select

Are you involved in caregiving for your sibling?

Select

Biggest challenges as a sibling

Support you are looking for from this network

Willing to volunteer or contribute?

Select

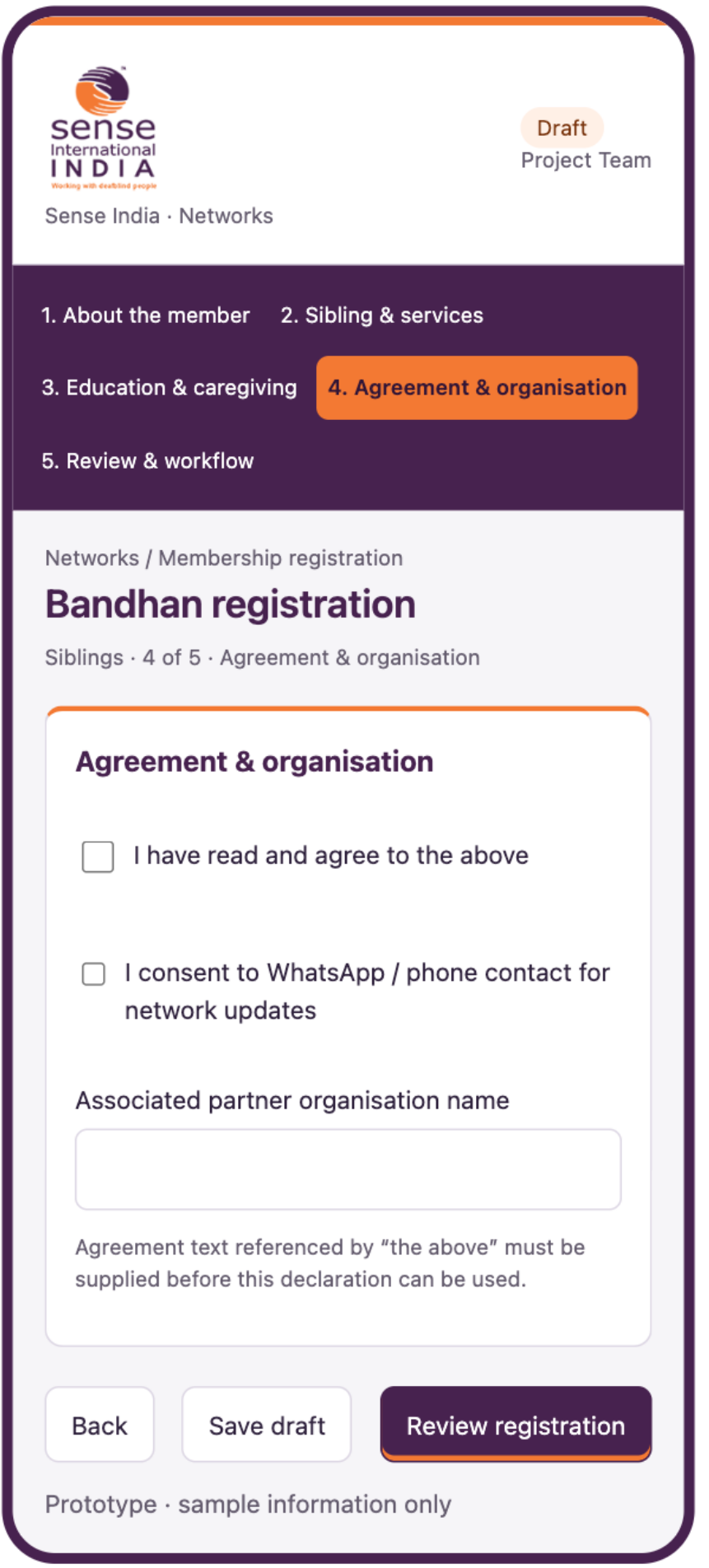
Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

Bandhan

Project Team



Web application | Mobile application

Bandhan

Project Team

sense International INDIA

Working with deafblind people

Sense India · Networks

Draft

Project Team

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 5 of 5 · Review & workflow

### Review registration

### About the member

First name: Not entered

Last name: Not entered

Date of birth: Not entered

Gender: Not entered

State / UT: Not entered

City / district: Not entered

Email address: Not entered

WhatsApp / phone number: Not entered

### Sibling & services

Name of sibling with deafblindness / multiple disability: Not entered

Is your sibling a child or an adult?: Not entered

All disabilities your sibling has: Not entered

Does your sibling receive formal support or services?: Not entered

### Education & caregiving

Highest level of education completed: Not entered

Current employment status: Not entered

Has caregiving affected your education or career?: Not entered

Are you involved in caregiving for your sibling?: Not entered

Biggest challenges as a sibling: Not entered

Support you are looking for from this network: Not entered

Willing to volunteer or contribute?: Not entered

### Agreement & organisation

I have read and agree to the above: No

I consent to WhatsApp / phone contact for network updates: No

Associated partner organisation name: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

Back | Save draft

Prototype · sample information only

# Network Registrations

Mobile | Bandhan - State Coordinator - role view

Web application | Mobile application

Bandhan

State Coordinator

sense International INDIA
Working with deafblind people

Sense India · Networks

Draft
State Coordinator

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

Back | Continue

Prototype · sample information only

# Network Registrations

Mobile | Bandhan - Institution Head - role view

Web application | Mobile application

Bandhan

Institution Head

sense International INDIA
Working with deafblind people

Sense India · Networks

Draft
Institution Head

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

Back | Continue

Prototype · sample information only

# Network Registrations

Mobile | Bandhan - Partner Administrator - role view

Web application | Mobile application

Bandhan

Partner Administrator

sense International INDIA
Working with deafblind people

Sense India · Networks

Draft
Partner Administrator

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

## Bandhan registration

Siblings · 2 of 5 · Sibling & services

### Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

Back | Continue

Prototype · sample information only

# Child Mental Health Screening

10–18 years

Phase 1 · English / Hindi · Approved source wording retained. Scoring, referral/urgent-response protocols and completion/review/sign-off roles: To be confirmed.

## Basic information

Name

Age

Gender

Select / not recorded

Relationship to service user

Disability onset

Select / not recorded

Disability categories

- [ ] Visual Impairment with Hearing Impairment
- [ ] Total Deafblindness
- [ ] Functional Deafblindness
- [ ] Multiple Disabilities
- [ ] Deafblindness with Additional Disability/ies

Start time

Interview date

# Family & background

Location

Select / not recorded

State

Religion

Select / not recorded

Caste

Select / not recorded

Education status

Select / not recorded

Class

Family member count (including service user)

Family type

Select / not recorded

Has siblings?

Select / not recorded

Annual family income category

- [ ] Below poverty line (BPL)
- [ ] Above poverty line (APL)
- [ ] Upto 5 lakhs
- [ ] Above 5 lakhs

Previous psychiatric diagnosis?

Select / not recorded

# Questions 1–13

Approved instructions: these questions relate to issues, pains and problems that may have affected the person due to or during Covid-19. Every question must be answered.

1. Does the child with Db/MD complain of headaches?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

2. Does the child with Db/MD feel irritable and annoyed?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

3. Does the child with Db/MD get upset or angry over small things quickly?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

4. Does the child with Db/MD feel sad, unhappy?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

5. Does the child with Db/MD generally feel calm and relaxed?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

6. Does the child with Db/ MD express their emotional feelings more often by crying?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

7. Does the child with Db/MD lose interest in everyday activities (ADL)?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

8. Does the child with Db/MD feel exhausted all the time?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

9. Does the child with Db/MD consider themself less than others?

Never Rarely Sometimes Often Mostly

10. Does the child with Db/MD get easily tired?

Never Rarely Sometimes Often Mostly

11. Does the child with Db/MD gets tensed easily?

Never Rarely Sometimes Often Mostly

12. Does the child with Db/MD get nervous or scared quickly?

Never Rarely Sometimes Often Mostly

13. Does the child with Db/MD stay awake all night or sleeps less?

Never Rarely Sometimes Often Mostly

# Questions 14–26

Approved instructions: these questions relate to issues, pains and problems that may have affected the person due to or during Covid-19. Every question must be answered.

14. Does the child with Db/MD have difficulty thinking clearly?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

15. Does the child with Db/MD find it difficult to make decisions on their own or the primary caregivers make the decision for the child?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

16. Does the child with Db/MD sleep more than usual?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

17. Does the child with Db/MD feel uncertain/hopeless about future?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

18. Does the child with Db/MD avoid going to known places?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

19. Does the child with Db/MD have bad dreams as per their experience?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

20. Does the child with Db/MD gets restless easily while doing any task?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

21. Has the appetite changed for the child with Db/MD (eating less or more)?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Mostly

22. Does the child with Db/MD indulge in long sessions of self- stimulatory/sexual behavior? (Eg: Masturbation, touching oneself /self-touching)

Never Rarely Sometimes Often Mostly

23. Has the child with Db/MD tried harming someone else? (Eg: cutting, biting, scratching)

Never Rarely Sometimes Often Mostly

24. Has the child with Db/MD started using drugs or given by someone else such as peers /parents/ caregiver? (Eg: unprescribed sleep medicine)

Never Rarely Sometimes Often Mostly

25. Has the child with Db/MD started using alcohol or given by someone else (peers/parents/caregiver)?

Never Rarely Sometimes Often Mostly

26. Has the child with Db/MD started smoking or given by someone else (peers/parents/caregiver)?

Never Rarely Sometimes Often Mostly

# Questions 27–37

Approved instructions: these questions relate to issues, pains and problems that may have affected the person due to or during Covid-19. Every question must be answered.

27. Has the child with Db/MD started sniffing glue/ whitener/ eating tobacco or anything else or given by someone else (peers/parents/caregivers)?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

28. Does the child with Db/MD feel rested and fresh after sleeping?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

29. Has the child with Db/MD tried to attempt suicide?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

30. Does the child with Db/MD feel neglected?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

31. Does the child with Db/MD feel that they have no one to talk too?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

32. Does the child with Db/MD show disruptive or destructive behaviour? (Eg: breaking, throwing, kicking things/ shouting/yelling/ physically overpowering someone)

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

33. Does the child with Db/MD feel they have no friend group?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

34. Has the child with Db/MD been bullied at school/ home?

◯ Never ◯ Rarely ◯ Sometimes ◯ Often ◯ Mostly

35. Has the school work been impacted/affected for child with Db/MD?

Never Rarely Sometimes Often Mostly

36. Does the child with Db/MD show distrust or suspicion with everyone or everything?

Never Rarely Sometimes Often Mostly

37. Does the child with Db/MD show attention seeking behaviour (If the needs/wants are not met)?

Never Rarely Sometimes Often Mostly

# Review & observations

> 0/37 questions answered. Scoring, referral rules and sign-off responsibilities remain to be confirmed.

Remarks / observations

End time

Interview duration (minutes)

Signature

Files are selected for preview only; not uploaded or retained.

▶ Glossary & wording review

# Young Adult Mental Health Screening

19–29 years

Phase 1 · English / Hindi · Approved source wording retained. Scoring, referral/urgent-response protocols and completion/review/sign-off roles: To be confirmed.

## Basic information

Name

Age

Gender

Select / not recorded

Relationship to service user

Disability onset

Select / not recorded

Disability categories

- [ ] Visual Impairment with Hearing Impairment
- [ ] Total Deafblindness
- [ ] Functional Deafblindness
- [ ] Multiple Disabilities
- [ ] Deafblindness with Additional Disability/ies

Start time

Interview date

# Family & background

Location

Select / not recorded

State

Religion

Select / not recorded

Caste

Select / not recorded

Education status

Select / not recorded

Class

Family member count (including service user)

Family type

Select / not recorded

Has siblings?

Select / not recorded

Annual family income category

- [ ] Below poverty line (BPL)
- [ ] Above poverty line (APL)
- [ ] Upto 5 lakhs
- [ ] Above 5 lakhs

Previous psychiatric diagnosis?

Select / not recorded

Occupation

Select / not recorded

# Questions 1–13

Approved instructions: these questions relate to issues, pains and problems that may have affected the person due to or during Covid-19. Every question must be answered.

1. Does the young adult with Db/MD complain of headaches?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

2. Does young adult with Db/MD feel irritable and annoyed?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

3. Does the young adult with Db/MD get upset or angry over small things quickly?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

4. Does the young adult with Db/MD feel sad, unhappy?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

5. Does the young adult with Db/MD feel calm and relaxed?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

6. Does the young adult with Db/MD express their emotional feelings more often by crying?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

7. Does the young adult with Db/MD lose interest in everyday activities (ADL)?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

8. Does the young adult with Db/MD feel exhausted all the time?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

9. Does the young adult with Db/MD consider themselves less than others?

None Rarely Sometimes Often Mostly

10. Does the young adult with Db/MD get easily tired?

None Rarely Sometimes Often Mostly

11. Does the young adult with Db/MD get tensed easily?

None Rarely Sometimes Often Mostly

12. Does the young adult with Db/MD get nervous or scared quickly?

None Rarely Sometimes Often Mostly

13. Does the young adult with Db/MD stay awake all night or sleeps less?

None Rarely Sometimes Often Mostly

# Questions 14–26

Approved instructions: these questions relate to issues, pains and problems that may have affected the person due to or during Covid-19. Every question must be answered.

14. Does the young adult with Db/MD sleep more than usual?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

15. Does young adult with Db/MD find it difficult to make decisions on their own or the primary caregivers make the decision for the young adult?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

16. Does the young adult with Db/MD have difficulty thinking clearly?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

17. Does young adult with Db/MD feel uncertain/hopeless about future?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

18. Does young adult with Db/MD avoid going to known places?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

19. Does the young adult with Db/MD have bad dreams as per their experience?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

20. Does the young adult with Db/MD gets restless easily while doing any task?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

21. Has the appetite changed for young adult with Db/MD (eating less or more)?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

22. Has the young adult with Db/MD tried harming someone else? (Eg: scratching, biting, cutting)

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

23. Has the young adult with Db/MD started smoking or given by someone else (peers/ parents/ caregiver)?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

24. Has the young adult with Db/MD started using alcohol or given by someone else (peers/ parents/ caregiver)?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

25. Has the young adult with Db/MD started using drugs or given by someone else such as peers/ parents/ caregiver? (Eg: unprescribed sleep medicine)

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

26. Has the young adult with Db/MD started sniffing glue/ whitener/ eating tobacco or anything else or given by someone else (peers/parents/caregiver)?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

# Questions 27–37

Approved instructions: these questions relate to issues, pains and problems that may have affected the person due to or during Covid-19. Every question must be answered.

27. Does the young adult with Db/MD feel rested and fresh after sleeping?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

28. Has the young adult with Db/MD tried to attempt suicide?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

29. Does the young adult with Db/MD feel neglected?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

30. Does the young adult with Db/MD feel that they have no one to talk too?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

31. Does the young adult with Db/MD show disruptive or destructive behaviour? (Eg: breaking, throwing, kicking things/ shouting/yelling/ physically overpowering someone)

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

32. Does the young adult with Db/MD feel they have no social circle (friends/colleagues)?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

33. Does the young adult with Db/MD feel they have no livelihood opportunities?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

34. Has the young adult with Db/MD ran away from home for few days/months at a time?

○ None ○ Rarely ○ Sometimes ○ Often ○ Mostly

35. Does the young adult with Db/MD indulge in long sessions of self- stimulatory/sexual behavior? (Eg: Masturbation, self-touch/touching oneself)

- ◯ None
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Mostly

36. Does the young adult with Db/MD show distrust or suspicion with everyone or everything?

- ◯ None
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Mostly

37. Does the young adult with Db/MD show attention seeking behaviour (If the needs/wants are not met)?

- ◯ None
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Mostly

# Review & observations

> 0/37 questions answered. Scoring, referral rules and sign-off responsibilities remain to be confirmed.

Remarks / observations

End time

Interview duration (minutes)

Signature

Files are selected for preview only; not uploaded or retained.

▶ Glossary & wording review

# Physiotherapy Assessment

Baseline · six-month comparison · IEP-linked goals

Phase 1 · English / Hindi · Clinical scales, units, completion/review/sign-off roles: To be confirmed. Hindi clinical labels are proposed translations for review.

## Service user & assessor

Name

Gender

Select / not recorded

Age

Height

Height unit

Select / not recorded

Weight (kg)

BMI

Parent name

Address

Contact number

Parent occupation

Number of siblings

Type of disability

Age of onset / identification

Name of physiotherapist

Assessment date

Registration / enrolment number

Organisation name

BMI categories in source: Underweight <18.5; Normal 18.5–25; Overweight 25–30; Obese >30. Units, applicability and boundary rules require clinical confirmation; no classification is calculated.

## History & expectations

Associated conditions

- [ ] Epilepsy
- [ ] Pressure sores
- [ ] Speech & hearing
- [ ] Vision
- [ ] Drinking
- [ ] Swallowing

Participation in daily routine

Condition since diagnosis

Select / not recorded

Expected physical abilities

- [ ] Sitting
- [ ] Standing
- [ ] Walking
- [ ] Independent ADL

Family support for motor development

- [ ] Medical / surgical intervention
- [ ] Assistive devices
- [ ] Environment modification
- [ ] Therapeutic intervention

History of present condition (parent’s words)

## Observation & posture

Uncontrolled / involuntary movements?

Select / not recorded

Muscle wasting

- [ ] Right upper limb
- [ ] Left upper limb
- [ ] Right lower limb
- [ ] Left lower limb

Uses braces or other aids?

Select / not recorded

Posture deviations

- [ ] Normal posture
- [ ] Head tilt
- [ ] Elevated shoulder
- [ ] Scapular winging
- [ ] Increased thoracic kyphosis
- [ ] Increased lumbar lordosis
- [ ] Scoliosis
- [ ] Sway-back posture
- [ ] Posterior pelvic tilt
- [ ] Right pelvic elevation
- [ ] Hip flexion posture
- [ ] Hip abduction
- [ ] Hip external rotation
- [ ] Genu varum (Bow legs)
- [ ] Knee flexion posture
- [ ] Pes cavus (High arches)
- [ ] Calcaneus foot posture
- [ ] Hindfoot varus
- [ ] Toe-out posture
- [ ] Trunk rotation
- [ ] Backward trunk lean
- [ ] Other (Please specify)
- [ ] Forward head posture
- [ ] Rounded shoulders
- [ ] Depressed shoulder
- [ ] Pectus Carinatum (Pigeon’s chest)
- [ ] Reduced thoracic kyphosis
- [ ] Reduced lumbar lordosis
- [ ] Flat back posture
- [ ] Anterior pelvic tilt
- [ ] Lateral pelvic tilt
- [ ] Left pelvic elevation
- [ ] Hip adduction
- [ ] Hip internal rotation
- [ ] Genu valgum (Knock knees)
- [ ] Genu recurvatum (Knee hyperextension)
- [ ] Pes planus (Flat feet)
- [ ] Equinus foot posture
- [ ] Hindfoot valgus
- [ ] Toe-in posture
- [ ] Trunk lateral deviation
- [ ] Forward trunk lean
- [ ] Unequal weight distribution

Posture in sitting, lying and standing

Posture drawing / image

Files are selected for preview only; not uploaded or retained.

## Gait analysis

Can walk?

Select / not recorded

Walking pattern

Gait deviations

- [ ] Normal gait
- [ ] Ataxic gait
- [ ] Scissoring gait
- [ ] Diplegic gait
- [ ] Festinating gait
- [ ] Trendelenburg gait
- [ ] Circumduction gait
- [ ] Calcaneal gait
- [ ] Stiff-knee gait
- [ ] Retropulsive gait
- [ ] Foot drop gait
- [ ] Knee hyperextension gait
- [ ] Narrow-based gait
- [ ] Toe-out gait
- [ ] Not testable
- [ ] Antalgic gait (Painful gait)
- [ ] Spastic gait
- [ ] Hemiplegic gait
- [ ] Parkinsonian gait
- [ ] Steppage gait (High stepping gait)
- [ ] Waddling gait
- [ ] Equinus gait (Toe walking)
- [ ] Crouch gait
- [ ] Propulsive gait
- [ ] Shuffling gait
- [ ] Hip hiking gait
- [ ] Wide-based gait
- [ ] Toe-in gait
- [ ] Scanning gait
- [ ] Other (Please specify)

Step length (cm)

Stride length (m)

Step width (cm)

Cadence (steps / minute)

Printed reference values: 70 cm step length; 1.44 m stride; 8–10 cm width; 90–120 steps/minute. These are source references, not automated assessment thresholds. Select Not testable and record a reason when appropriate.

## Examination

Head circumference

Head circumference unit

Select / not recorded

Orientation - time

Orientation - place

Orientation - person

Memory?

Select / not recorded

Muscle memory?

Select / not recorded

Source requests comparison with the WHO head circumference table for girls and boys. No reference calculation is implemented.

## Cranial nerves

| Nerve / function | Left | Right | Comments |
|---|---|---|---|
| Olfactory<br>service user can identify the familiar scents of smell by each nostril with their eyes closed. | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Optic<br>service user can read or identify word/symbols at a specified distance. | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Oculomotor<br>Service user constricts or dilate eyes | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Oculomotor<br>Service user follow the target (like finger) with their eyes keeping head still. | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Trochlear<br>Service user moves eyes downward and towards nose keeping head still | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Trigeminal<br>Service user chew | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Trigeminal<br>Service user has sensation for touch, and temperature | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Abducens<br>Service user moves eyes sideways | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Facial<br>Service user shrink forehead, contract cheeks, raise eye, blow air, whistle | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Vestibulocochlear<br>Service user feels rubbing /vibration near to ear | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Vestibulocochlear<br>Service user feels ringing in ears and spinning in still position | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Vestibulocochlear<br>Service user feels spinning in still position | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Glossopharyngeal<br>Service user suck, drink and swallow | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |

| Nerve / function | Left | Right | Comments |
|---|---|---|---|
| Vagus<br>Heart rate, breathing rate | HR / breathing rate | HR / breathing rate | Comments |
| Accessory<br>Service user moves head and neck upward, downward and sideways, shrugs shoulder | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Hypoglossal<br>Service user can speak/vocalize | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Hypoglossal<br>Service user can swallow food | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |

Yes/No meanings and clinical interpretation require confirmation. English clinical descriptions are retained; Hindi medical terminology requires clinical review.

## Primitive reflexes

| Primitive reflex | Integration | Signs of retention (source) | Comments |
|---|---|---|---|
| Fear Paralysis Reflex (FPR) | Assessment<br>Select / not recorded | Anxiety, poor self-esteem, sleep/eating disorder, aggression, fear of failure or embarrassment, phobia | Comments |
| Moro | Assessment<br>Select / not recorded | Hypersensitivity, hyper reactivity, poor impulse control, sensory overload, social and emotional immaturity | Comments |
| Rooting | Assessment<br>Select / not recorded | Thumb sucking, picky eater, dribbling, speech and articulation challenge | Comments |
| Palmar | Assessment<br>Select / not recorded | Difficulty in fine motor skills, reduced manual dexterity, Illegible handwriting handwriting | Comments |
| Asymmetrical Tonic Neck Reflex (ATNR) | Assessment<br>Select / not recorded | Difficulty with: eye-hand-coordination, handwriting, crossing vertical midline and visual tracking | Comments |
| Symmetrical Tonic Reflex (STNR) | Assessment<br>Select / not recorded | Tendency to slump while sitting, weak muscle tone, W-sitting, difficulty in hand-eye coordination, inability to sit still and concentrate | Comments |
| Tonic Labyrinthine Reflex (TLR) | Assessment<br>Select / not recorded | Poor muscle tone, W-sitting, toe walking, poor balance, motion sickness, spatial orientation issues, gravitational insecurity | Comments |
| Spinal Galant Reflex | Assessment<br>Select / not recorded | Unilateral or bilateral posture issues, fidgeting, bedwetting, clothing issues, poor concentration, poor short-term memory | Comments |

## Sensory examination

| Sensory test | Left | Right | Comments |
|---|---|---|---|
| Touch | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Pain | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Temperature | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Pressure | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Vibration | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Joint position sense | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Joint kinesthetic sense | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |

## Tendon reflexes

| Type / reflex | Right | Left | Comments |
|---|---|---|---|
| Superficial / Corneal | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Superficial / Papillary | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Superficial / Abdominal | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Superficial / Plantar | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Deep / Biceps | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Deep / Triceps | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Deep / Brachioradialis | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Deep / Knee | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |
| Deep / Ankle | Assessment<br>Select / not recorded | Assessment<br>Select / not recorded | Comments |

## Muscle tone

> Record baseline and six-month measurements separately. Scales, units and permitted values remain to be confirmed; no score is calculated.

| Joint | Muscle / movement | Initial assessment - Right | Initial assessment - Left | After 6 months - Right | After 6 months - Left |
|---|---|---|---|---|---|
| Shoulder | Flexor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Extensor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Adductor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Abductor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Internal rotator | Assessment | Assessment | Assessment | Assessment |
| Shoulder | External rotator | Assessment | Assessment | Assessment | Assessment |
| Elbow | Flexor | Assessment | Assessment | Assessment | Assessment |
| Elbow | Extensor | Assessment | Assessment | Assessment | Assessment |
| Wrist | Flexor | Assessment | Assessment | Assessment | Assessment |
| Wrist | Extensor | Assessment | Assessment | Assessment | Assessment |
| Wrist | Radial deviator | Assessment | Assessment | Assessment | Assessment |
| Wrist | Ulnar deviator | Assessment | Assessment | Assessment | Assessment |
| Hand | Common finger extensor | Assessment | Assessment | Assessment | Assessment |

| Joint | Muscle / movement | Initial assessment - Right | Initial assessment - Left | After 6 months - Right | After 6 months - Left |
|---|---|---|---|---|---|
| Hand | Thumb flexor | Assessment | Assessment | Assessment | Assessment |
| Hip | Flexor | Assessment | Assessment | Assessment | Assessment |
| Hip | Extensor | Assessment | Assessment | Assessment | Assessment |
| Hip | Adductor | Assessment | Assessment | Assessment | Assessment |
| Hip | Abductor | Assessment | Assessment | Assessment | Assessment |
| Hip | Internal rotator | Assessment | Assessment | Assessment | Assessment |
| Hip | External rotator | Assessment | Assessment | Assessment | Assessment |
| Knee | Flexor | Assessment | Assessment | Assessment | Assessment |
| Knee | Extensor | Assessment | Assessment | Assessment | Assessment |
| Ankle | Dorsiflexor | Assessment | Assessment | Assessment | Assessment |
| Ankle | Plantar flexor | Assessment | Assessment | Assessment | Assessment |
| Neck | Flexor | Assessment | Assessment | Assessment | Assessment |
| Neck | Extensor | Assessment | Assessment | Assessment | Assessment |

## Muscle strength

> Record baseline and six-month measurements separately. Scales, units and permitted values remain to be confirmed; no score is calculated.

| Joint | Muscle / movement | Initial assessment - Right | Initial assessment - Left | After 6 months - Right | After 6 months - Left |
|---|---|---|---|---|---|
| Shoulder | Flexor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Extensor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Adductor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Abductor | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Internal rotator | Assessment | Assessment | Assessment | Assessment |
| Shoulder | External rotator | Assessment | Assessment | Assessment | Assessment |
| Elbow | Flexor | Assessment | Assessment | Assessment | Assessment |
| Elbow | Extensor | Assessment | Assessment | Assessment | Assessment |
| Wrist | Flexor | Assessment | Assessment | Assessment | Assessment |
| Wrist | Extensor | Assessment | Assessment | Assessment | Assessment |
| Wrist | Radial deviator | Assessment | Assessment | Assessment | Assessment |
| Wrist | Ulnar deviator | Assessment | Assessment | Assessment | Assessment |
| Hand | Common finger flexor | Assessment | Assessment | Assessment | Assessment |

| Joint | Muscle / movement | Initial assessment - Right | Initial assessment - Left | After 6 months - Right | After 6 months - Left |
|---|---|---|---|---|---|
| Hand | Common finger extensor | Assessment | Assessment | Assessment | Assessment |
| Hand | Thumb flexor | Assessment | Assessment | Assessment | Assessment |
| Hand | Thumb extensor | Assessment | Assessment | Assessment | Assessment |
| Hip | Flexor | Assessment | Assessment | Assessment | Assessment |
| Hip | Extensor | Assessment | Assessment | Assessment | Assessment |
| Hip | Adductor | Assessment | Assessment | Assessment | Assessment |
| Hip | Abductor | Assessment | Assessment | Assessment | Assessment |
| Hip | Internal rotator | Assessment | Assessment | Assessment | Assessment |
| Hip | External rotator | Assessment | Assessment | Assessment | Assessment |
| Knee | Flexor | Assessment | Assessment | Assessment | Assessment |
| Knee | Extensor | Assessment | Assessment | Assessment | Assessment |
| Ankle | Dorsiflexor | Assessment | Assessment | Assessment | Assessment |
| Ankle | Plantar flexor | Assessment | Assessment | Assessment | Assessment |
| Neck | Flexor | Assessment | Assessment | Assessment | Assessment |
| Neck | Extensor | Assessment | Assessment | Assessment | Assessment |

## Range of motion

> Record baseline and six-month measurements separately. Scales, units and permitted values remain to be confirmed; no score is calculated.

| Joint | Muscle / movement | Initial assessment - Right | Initial assessment - Left | After 6 months - Right | After 6 months - Left |
|---|---|---|---|---|---|
| Shoulder | Flexion | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Extension | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Adduction | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Abduction | Assessment | Assessment | Assessment | Assessment |
| Shoulder | Internal rotation | Assessment | Assessment | Assessment | Assessment |
| Shoulder | External rotation | Assessment | Assessment | Assessment | Assessment |
| Elbow | Flexion | Assessment | Assessment | Assessment | Assessment |
| Elbow | Extension | Assessment | Assessment | Assessment | Assessment |
| Wrist | Flexion | Assessment | Assessment | Assessment | Assessment |
| Wrist | Extension | Assessment | Assessment | Assessment | Assessment |
| Wrist | Radial deviation | Assessment | Assessment | Assessment | Assessment |
| Wrist | Ulnar deviation | Assessment | Assessment | Assessment | Assessment |
| Hand | Common finger flexor | Assessment | Assessment | Assessment | Assessment |

| Joint | Muscle / movement | Initial assessment - Right | Initial assessment - Left | After 6 months - Right | After 6 months - Left |
|---|---|---|---|---|---|
| Hand | Common finger extensor | Assessment | Assessment | Assessment | Assessment |
| Hand | Thumb flexor | Assessment | Assessment | Assessment | Assessment |
| Hand | Thumb extensor | Assessment | Assessment | Assessment | Assessment |
| Hip | Flexion | Assessment | Assessment | Assessment | Assessment |
| Hip | Extension | Assessment | Assessment | Assessment | Assessment |
| Hip | Adduction | Assessment | Assessment | Assessment | Assessment |
| Hip | Abduction | Assessment | Assessment | Assessment | Assessment |
| Hip | Internal rotation | Assessment | Assessment | Assessment | Assessment |
| Hip | External rotation | Assessment | Assessment | Assessment | Assessment |
| Knee | Flexion | Assessment | Assessment | Assessment | Assessment |
| Knee | Extension | Assessment | Assessment | Assessment | Assessment |
| Ankle | Dorsiflexion | Assessment | Assessment | Assessment | Assessment |
| Ankle | Plantar flexion | Assessment | Assessment | Assessment | Assessment |
| Neck | Flexion | Assessment | Assessment | Assessment | Assessment |
| Neck | Extension | Assessment | Assessment | Assessment | Assessment |

| Joint | Muscle / movement | Initial assessment - Right | Initial assessment - Left | After 6 months - Right | After 6 months - Left |
|---|---|---|---|---|---|
| Neck | Rotation | Assessment | Assessment | Assessment | Assessment |
| Neck | Lateral bending | Assessment | Assessment | Assessment | Assessment |

## Balance & coordination

Apparent limb length difference

True limb length difference

Static balance

Dynamic balance

Tightness?

Select / not recorded

Contracture?

Select / not recorded

| Coordination test | Assessment |
|---|---|
| Hand-eye coordination | Assessment: Select / not recorded |
| Hand -mouth coordination | Assessment: Select / not recorded |
| Walking in straight line | Assessment: Select / not recorded |
| Bilateral coordination | Assessment: Select / not recorded |
| Midline crossing | Assessment: Select / not recorded |
| Manipulation | Assessment: Select / not recorded |

## Goals & management

Assessment summary

Related IEP / goal reference

Physiotherapy goal aligned with IEP

Areas for special educator under IEP

Short-term goals (review at 3 months)

Long-term goals

Physiotherapy management plan

Open existing IEP mockup

## Follow-up & review

Follow-up date

Follow-up evaluation

Next review date

> Short-term goal review: 3 months. Comparison tables: baseline and 6 months. Assessor, reviewer and sign-off permissions are to be confirmed.

# Functional Hearing & Vision Assessment

Vision Stage 1 · Vision Stage 2 · Functional Hearing

**Draft mockup · Pending client confirmation.** No age restriction is inferred from the filename “6-12”. Completion, review, sign-off, platform access, review intervals and interpretation remain pending. No score, diagnosis or referral is generated.

Observation prompts follow the supplied bilingual checklist. Source instructions are reference content; administration procedures require client approval. Demonstration details are fictional.

## Learner & assessment

Identity fields are proposed record-linking fields. Learner name and date are printed in the vision checklist.

Learner name

Aarav Demo

Beneficiary reference (proposed)

SII-DEMO-001

Assessment date

2026-11-23

Vision Stage 1 date

Vision Stage 2 date

Hearing observation date (proposed)

Observer name (role pending confirmation)

Observation context (proposed)

This is a functional observation checklist for learners with multi-sensory impairment. It supplements the earlier hearing/vision screening; it does not replace a clinical assessment.

# Vision · Stage 1

## Pupillary response

Observe without stimulation.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Do pupils move constantly? | Select / not recorded | |
| Do pupils react to changes in light? | Select / not recorded | |

## Blink reflex

Move a hand towards the learner's face without making a draught.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Does the learner blink? | Select / not recorded | |

## Response to light

Source procedure: use different lights in a darkened room.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Responds to continuous light | Select / not recorded | |
| Responds to flashing light | Select / not recorded | |
| Responds to moving light | Select / not recorded | |

## Fixation

Use motivating objects and verbal encouragement; observe fixation on a bright object.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Fixes eyes at 7 inches | Select / not recorded | |
| Fixes eyes at 2 feet | Select / not recorded | |
| Fixes eyes at 10 feet | Select / not recorded | |

## Eye preference

Show an interesting object. Cover each eye in turn and observe the response.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Consistently holds objects near one eye | Select / not recorded | |
| Left eye — record the observed response | Select / not recorded | |

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Right eye — record the observed response | Select / not recorded | |

## Visual fields

Bring a visually interesting object or light slowly into the visual field from behind the learner. Note when it is seen.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Above | Select / not recorded | |
| Below | Select / not recorded | |
| Right | Select / not recorded | |
| Left | Select / not recorded | |

## Focus on objects

Show interesting objects at different distances and observe which are seen.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Sees object at 7 inches | Select / not recorded | |
| Sees object at 2 feet | Select / not recorded | |
| Sees object at 10 feet | Select / not recorded | |

## Eye contact

Observe with familiar people in different situations, such as mealtimes.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Brief eye contact | Select / not recorded | |
| Eye contact for 3 seconds or more | Select / not recorded | |
| Maintained eye contact | Select / not recorded | |

## Visual behaviours

Observe behaviours that may indicate use of residual vision.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Light gazing | Select / not recorded | |
| Hand flicking | Select / not recorded | |

| Observation | Yes / No | Comments / descriptive response |
| --- | --- | --- |
| Other visual behaviour — describe in comments | Select / not recorded | |

# Vision · Stage 2

## Hand regard

Place a visually interesting toy in the learner's hand; also play hand games.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Looks at the toy in their hand | Select / not recorded | |
| Looks at your hands during hand games | Select / not recorded | |

## Tracking

Move motivating objects slowly and observe visual tracking.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Mid-line to left | Select / not recorded | |
| Mid-line to right | Select / not recorded | |
| Right to left across mid-line | Select / not recorded | |
| Left to right across mid-line | Select / not recorded | |
| Downwards | Select / not recorded | |
| Upwards | Select / not recorded | |
| Diagonally | Select / not recorded | |
| Circular movement | Select / not recorded | |

## Transfer of attention

Use two torches or equally interesting objects; move one, then the other. Object spacing is pending client confirmation: English says 1 foot; Hindi says 2 feet.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Shifts gaze at the same distance | Select / not recorded | |
| Shifts gaze from near to distant | Select / not recorded | |
| Shifts gaze from distant to near | Select / not recorded | |

## Scanning

Place three objects in a line and point along the line.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Scans the line of objects | Select / not recorded | |

### Turning eyes towards an object

Touch the learner with an object and observe whether they turn to look.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Turns to look to the left | Select / not recorded | |
| Turns to look to the right | Select / not recorded | |

### Attempts to reach visually for objects

Place objects within the learner's reach.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Attempts to reach the objects | Select / not recorded | |

### Visual exploration

Observe whether the learner turns objects in their hand to explore visually.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Sometimes | Select / not recorded | |
| Often | Select / not recorded | |

### Object recognition

Observe recognition of familiar objects.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Recognises a few familiar objects | Select / not recorded | |
| Recognises many familiar objects | Select / not recorded | |

### Visual discrimination

Observe visual discrimination for each item.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| Size | Select / not recorded | |
| Colour | Select / not recorded | |
| Shape | Select / not recorded | |

| Observation | Yes / No | Comments / descriptive response |
| --- | --- | --- |
| Family members | Select / not recorded | |
| Carers | Select / not recorded | |
| Strangers | Select / not recorded | |

# Functional hearing

The source prints Yes/No and comments for all 17 observations, including descriptive questions. This layout is retained pending client confirmation; record descriptive answers in comments. Blank means not recorded, not “No”.

| Observation | Yes / No | Comments / descriptive response |
|---|---|---|
| 1. Does the learner show any response to sound?<br>Examples: startles to sudden loud sound, blinks at a sound, smiles or calms down in response to music. | Select / not recorded | |
| 2. Does the learner notice or attend to particular sounds?<br>Examples: a familiar voice or noise. | Select / not recorded | |
| 3. How interested is the learner in environmental sounds?<br>Describe whether responses to auditory stimuli are consistent or inconsistent. | Select / not recorded | |
| 4. What kinds of sound interest the learner?<br>Describe loud sounds, music or familiar environmental sounds, and effects of pitch, volume, direction and sound duration. | Select / not recorded | |
| 5. Does the learner show interest in voices?<br>Examples: their mother’s or father’s voice. | Select / not recorded | |
| 6. Does the response vary with distance from the sound?<br>Describe the distance and response. | Select / not recorded | |
| 7. How loud must a sound be before attention is gained?<br>Describe the observation in comments. The source provides no measurement scale. | Select / not recorded | |
| 8. Is the response affected by background noise?<br>Describe the effect observed. | Select / not recorded | |
| 9. Does the learner show more interest in sounds from one side?<br>Record left, right or behind; whether the learner turns towards sounds; and responses from left, right, above and below. | Select / not recorded | |
| 10. Does the learner recognise familiar sounds?<br>Describe the sounds and observed response. | Select / not recorded | |

| Observation | Yes / No | Comments / descriptive response |
| --- | --- | --- |
| 11. Can the learner pick out one sound from a range of sounds?<br>Describe the observation. | Select / not recorded | |
| 12. Does the learner show awareness of sound versus no sound?<br>Example: behaviour changes when a particular sound stops. | Select / not recorded | |
| 13. Does the learner move towards sounds?<br>Describe accuracy when using sound to orientate themselves. | Select / not recorded | |
| 14. How quickly does the learner notice and respond to sounds?<br>Describe effects of time, place, position, comfort level and competing sensory stimuli. | Select / not recorded | |
| 15. Are there sounds the learner dislikes or that cause distress?<br>Specify which sounds. | Select / not recorded | |
| 16. Does the learner vocalise?<br>Describe the vocalisation. | Select / not recorded | |
| 17. Are consonant sounds present as well as open vowel sounds?<br>Describe the sounds observed. | Select / not recorded | |

# Review & pending decisions

**0 of 69 Yes/No observations recorded.** This is a completion count, not a clinical score. Comments can be recorded independently.

Learner: Aarav Demo · Assessment date: 2026-11-23

## Pending client confirmation

- Meaning of “6-12” in the filename and eligible age range.
- Stage progression: whether both vision stages are completed together or conditionally.
- Object spacing for attention transfer: English says 1 foot; Hindi says 2 feet.
- Answer controls for descriptive hearing questions and Not assessed / Not applicable options.
- Who completes, reviews, returns, signs off and views/exports each assessment.
- Web, mobile and offline access; reassessment frequency; approved interpretation and referral rules.

## Workflow under review

Login → assigned beneficiary → assessment record → observation sections → save draft → review / return / sign-off **(Pending client confirmation)** → approved link to IEP goals **(Pending client confirmation)**.

Login and assignment follow existing demonstrations. New assessment access and routing are not approved.

View programme documentation workflow

Observation summary (proposed)

Related IEP / support needs (proposed; linkage pending)

Submission, approval and automatic referrals are unavailable while responsibilities and rules are pending.