Web application | Mobile application

CBR Worker / Special Educator

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

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

Prototype · sample information only

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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 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

Prototype · sample information only

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2. Personal details
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4. Health
5. Education
6. Documents
7. Declaration

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

Prototype · sample information only

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Partner Coordinator

1. Consent
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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

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Partner Administrator

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:

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Prototype · sample information only

Web application | Mobile application

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Sense India MEAL

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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
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:

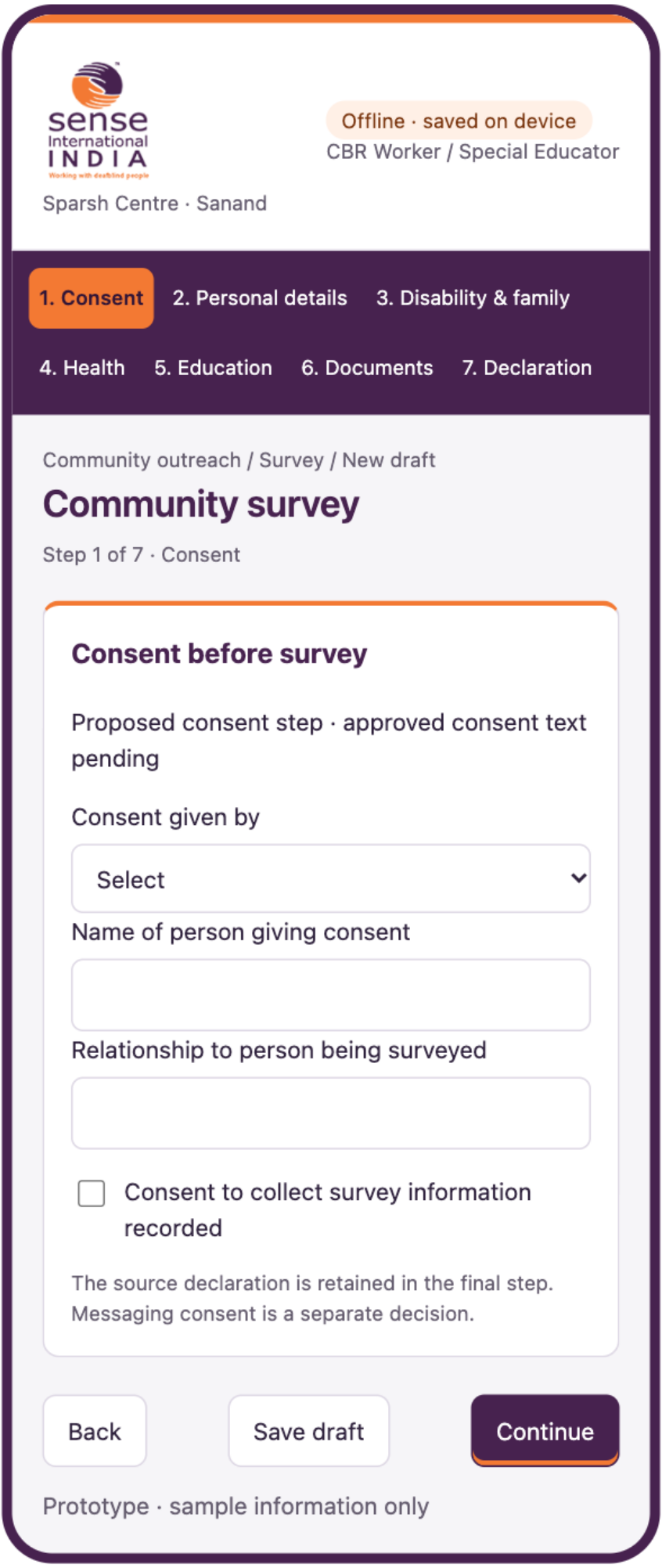
Full address:

Back | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator



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

Prototype · sample information only

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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 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

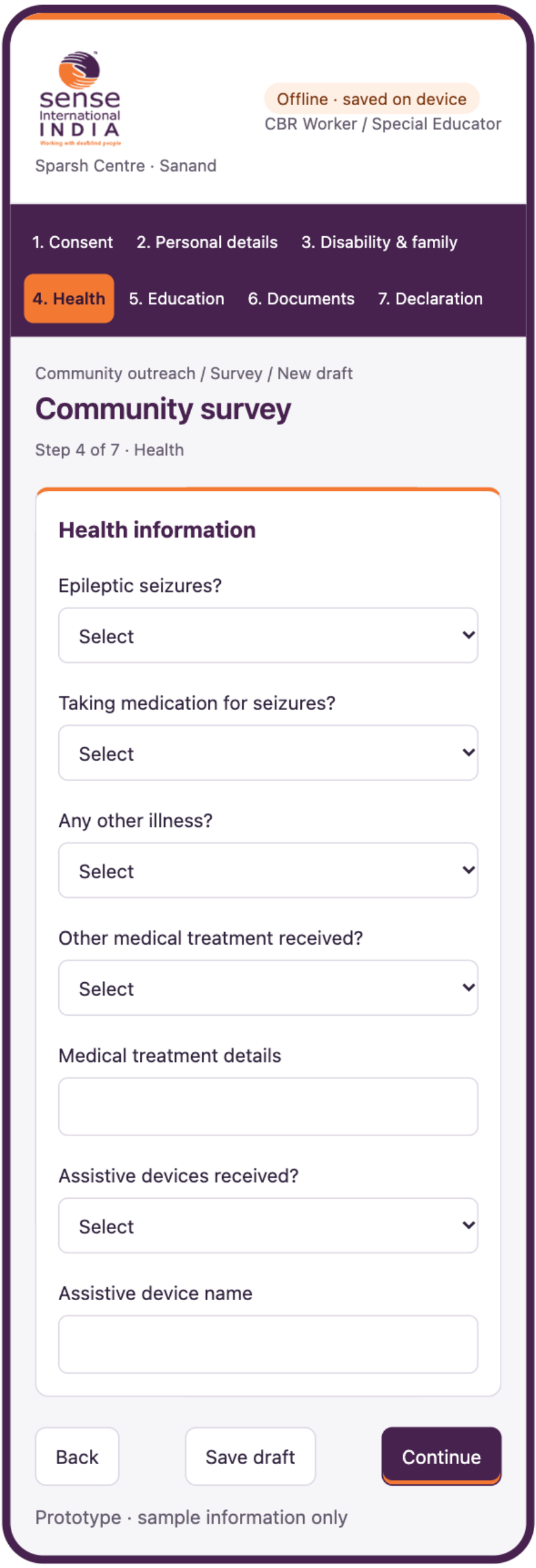
Family occupation

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator



Community Survey

Mobile | Step 5 of 7 - Education

Web application | Mobile application

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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?

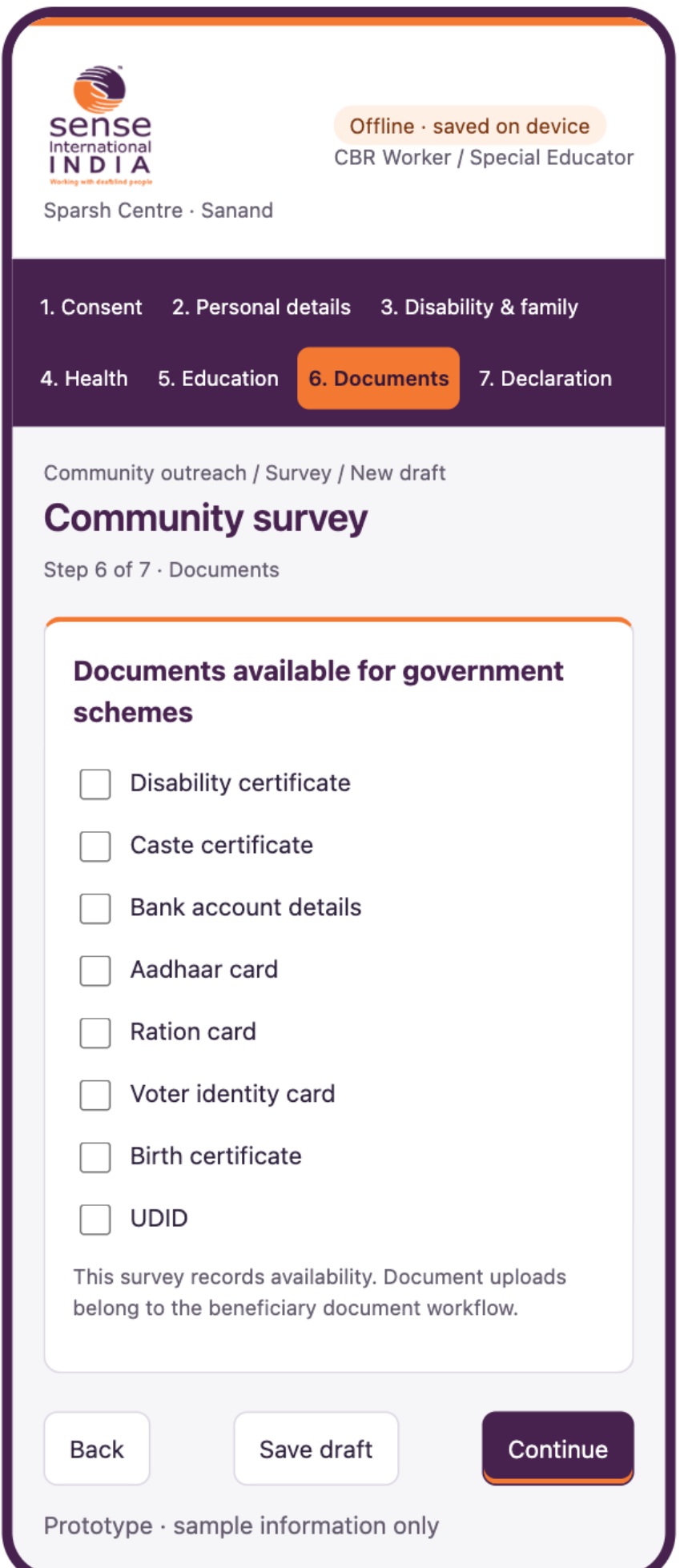
Select

Back | Save draft | Continue

Prototype · sample information only

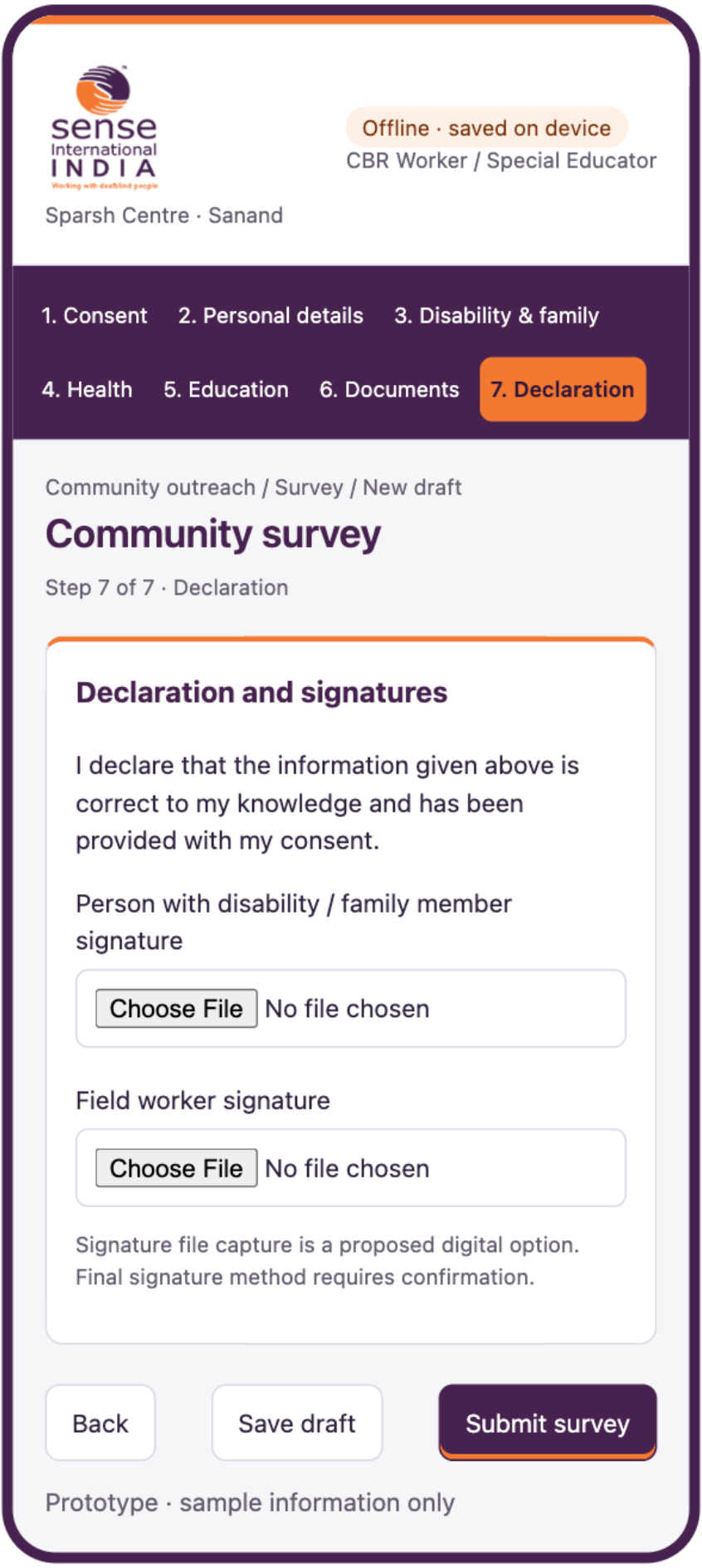
Web application | Mobile application

CBR Worker / Special Educator



Web application | Mobile application

CBR Worker / Special Educator



Web application | Mobile application

Partner Coordinator

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Partner Coordinator

Sparsh Centre · Sanand

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

Partner Administrator

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Working with deafblind people

Offline · saved on device
Partner Administrator

Sparsh Centre · Sanand

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

Prototype · sample information only

Web application | Mobile application

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Sense India MEAL

Sparsh Centre · Sanand

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

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Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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Working with deafblind people

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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 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

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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

Service User Enrolment

Web | Step 3 of 7 - Address & family

Web application | Mobile application

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Working with deafblind people

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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 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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Working with deafblind people

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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 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

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 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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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 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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Working with deafblind people

Sparsh Centre · Sanand

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

sense International INDIA
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

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Prototype · sample information only

Web application | Mobile application

Sense India MEAL

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Working with deafblind people

Sparsh Centre · Sanand

Online
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

sense International INDIA

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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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 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)

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Prototype · sample information only

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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

Web application | Mobile application

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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

CBR Worker / Special Educator

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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

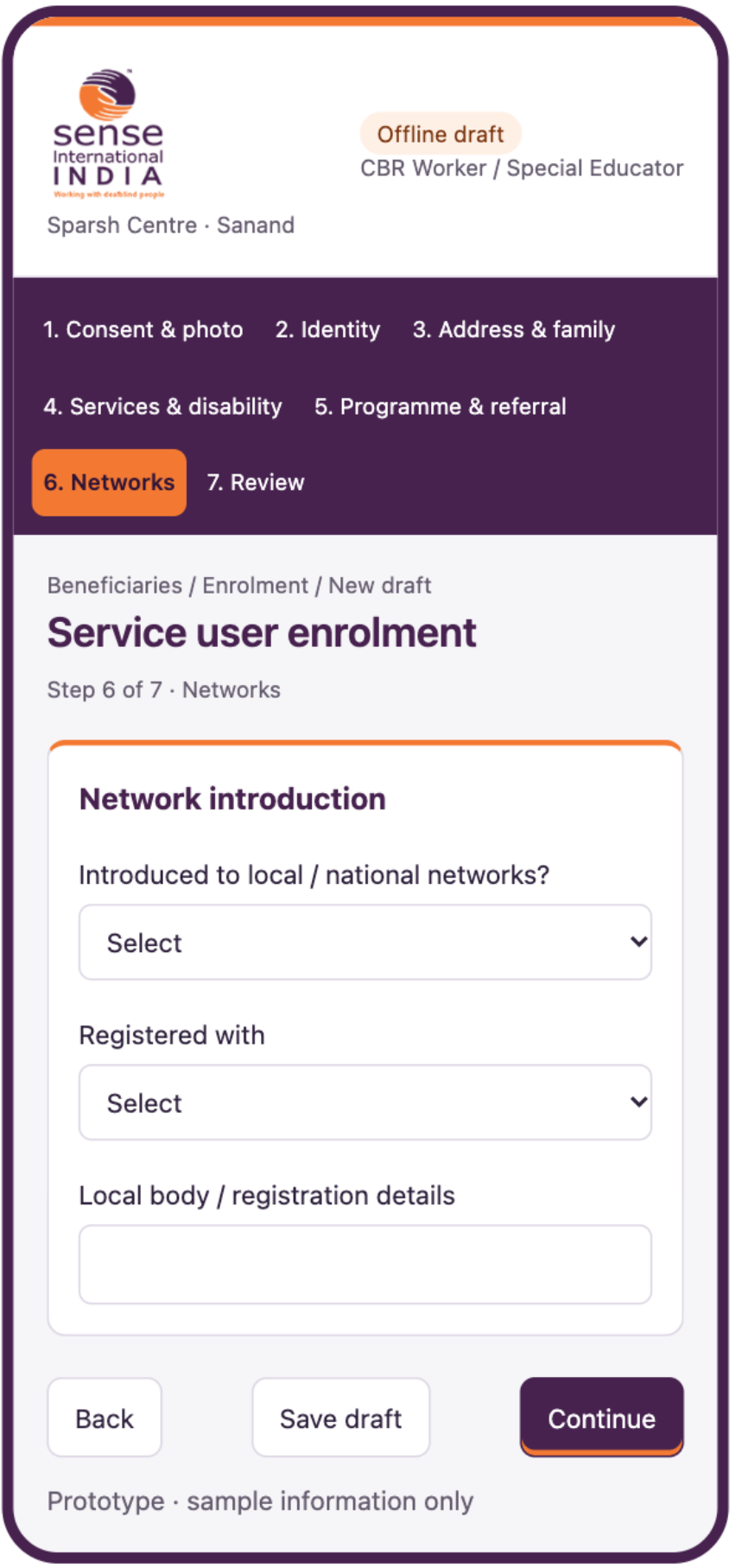
Service User Enrolment

Mobile | Step 6 of 7 - Networks

Web application

Mobile application

CBR Worker / Special Educator

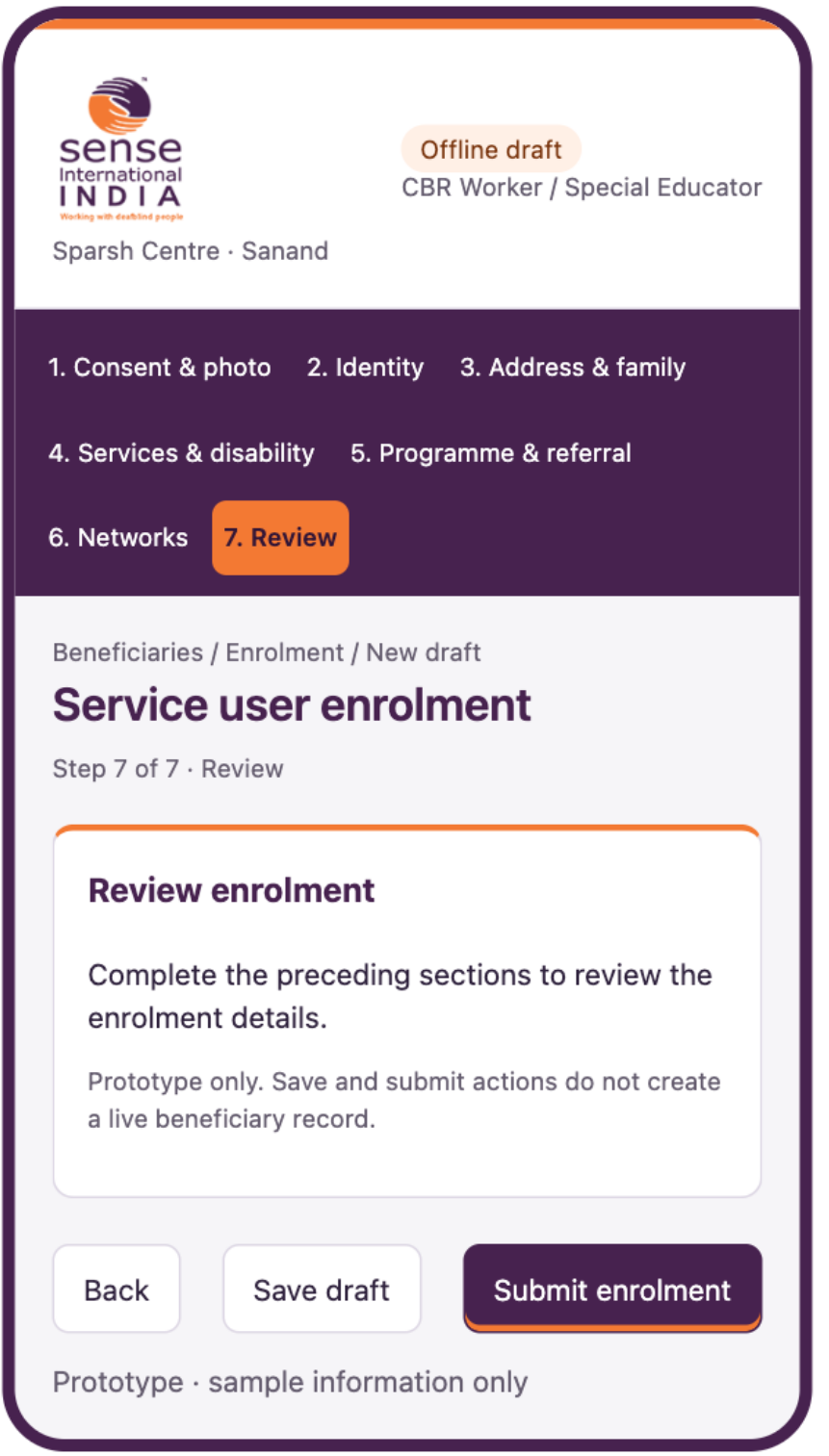


Service User Enrolment

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

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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

sense International INDIA
Working with deafblind people

Sparsh Centre · Sanand

Online
CBR Worker / Special Educator

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

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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7. Ear problems
8. Hearing behaviour
9. Hearing outcome
10. Screener opinion
11. Review

Beneficiaries / Screening / New draft

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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9. Hearing outcome
10. Screener opinion
11. Review

Beneficiaries / Screening / New draft

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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9. Hearing outcome
10. Screener opinion
11. Review

Beneficiaries / Screening / New draft

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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9. Hearing outcome
10. Screener opinion
11. Review

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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8. Hearing behaviour
9. Hearing outcome
10. Screener opinion
11. Review

Beneficiaries / Screening / New draft

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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7. Ear problems
8. Hearing behaviour
9. Hearing outcome
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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7. Ear problems
8. Hearing behaviour
9. Hearing outcome
10. Screener opinion
11. Review

Beneficiaries / Screening / New draft

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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9. Hearing outcome
10. Screener opinion
11. Review

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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9. Hearing outcome
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Beneficiaries / Screening / New draft

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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9. Hearing outcome
10. Screener opinion
11. Review

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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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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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

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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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Beneficiaries / Screening / New draft

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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Beneficiaries / Screening / New draft

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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Beneficiaries / Screening / New draft

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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Beneficiaries / Screening / New draft

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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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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Beneficiaries / Screening / New draft

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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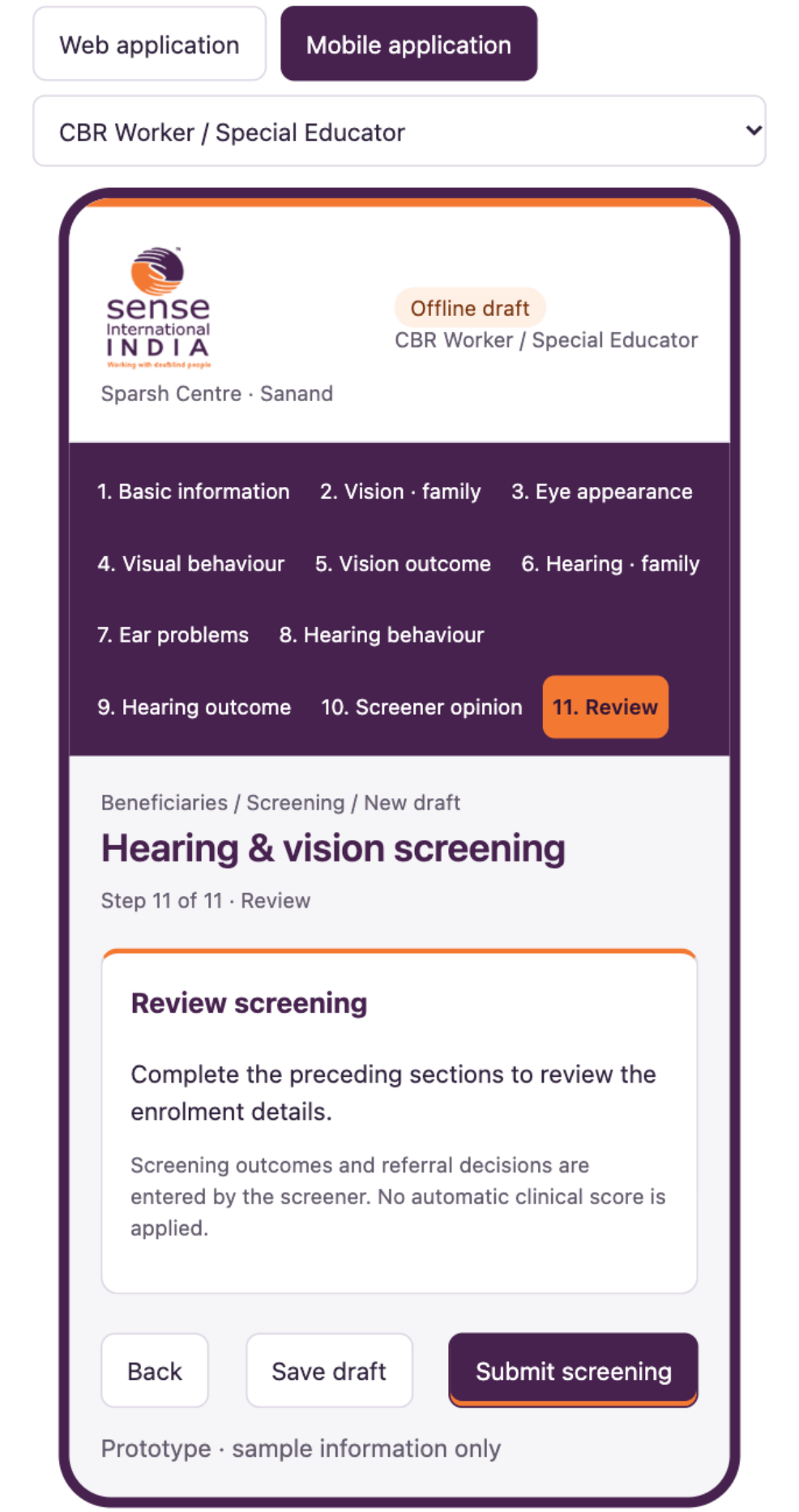
Prototype · sample information only

Hearing and Vision Screening

Mobile | Step 11 of 11 - Review



Web application | Mobile application

Partner Coordinator

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Offline draft

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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Prototype · sample information only

Web application | Mobile application

Partner Administrator

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Offline draft
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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Prototype · sample information only

Hearing and Vision Screening

Mobile | Sense India MEAL - role view

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Sense India MEAL

sense International INDIA

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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

sense International INDIA
Working with deafblind people

Sparsh Centre · Sanand

Online
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

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5. Functional assessment
6. Annual goals
7. Quarterly reviews
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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5. Functional assessment
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

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

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CBR Worker / Special Educator

1. Student & team
2. Family & preferences
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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 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

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator

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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

Back | Save draft | Continue

Prototype · sample information only

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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 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

CBR Worker / Special Educator

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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 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

CBR Worker / Special Educator

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Working with deafblind people

Sparsh Centre · Sanand

Online
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 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

Back

Continue

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
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 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

Back

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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

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 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

Back

Continue

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

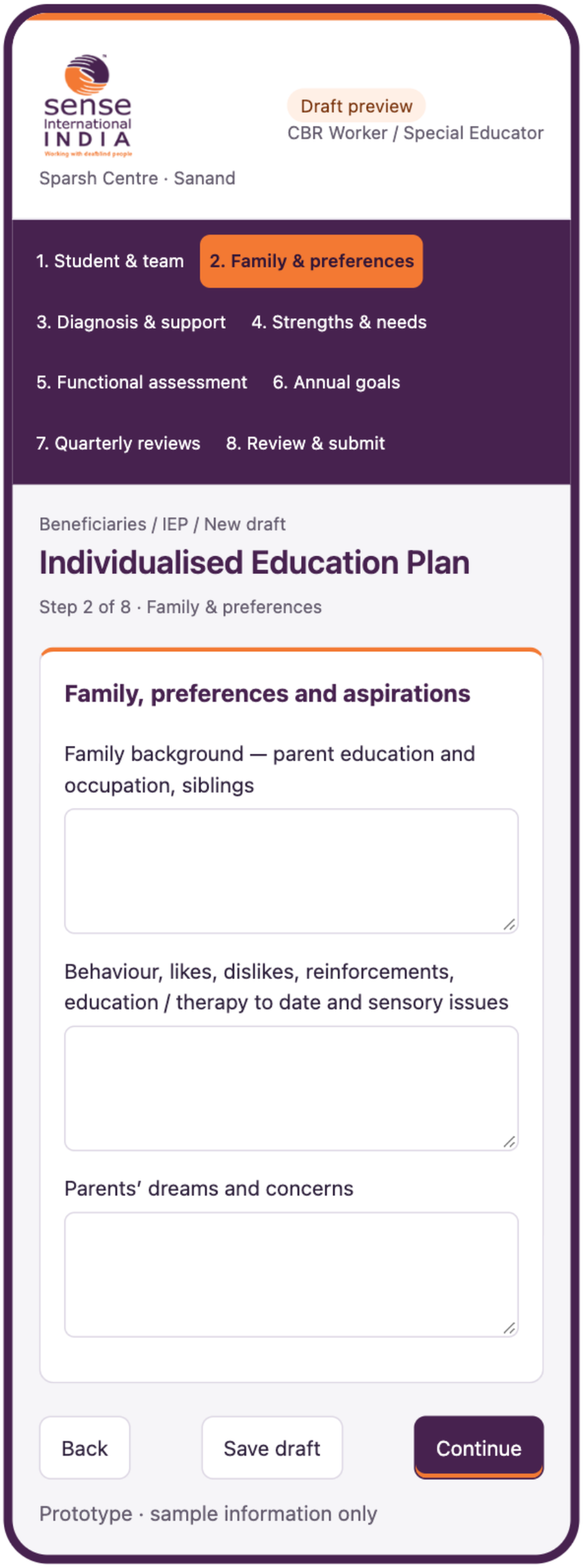
Student profile highlighting strengths (10–15 sentences)

Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

CBR Worker / Special Educator



Web application | Mobile application

CBR Worker / Special Educator

sense International INDIA

Working with deafblind people

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 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

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

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 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

Back | Save draft | Continue

Prototype · sample information only

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

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

Back | Save draft | Continue

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

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

Back | Save draft | Continue

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 7 of 8 · Quarterly reviews

Quarterly implementation and evaluation

Annual goal

Goal 1

Add another annual goal

Quarter

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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

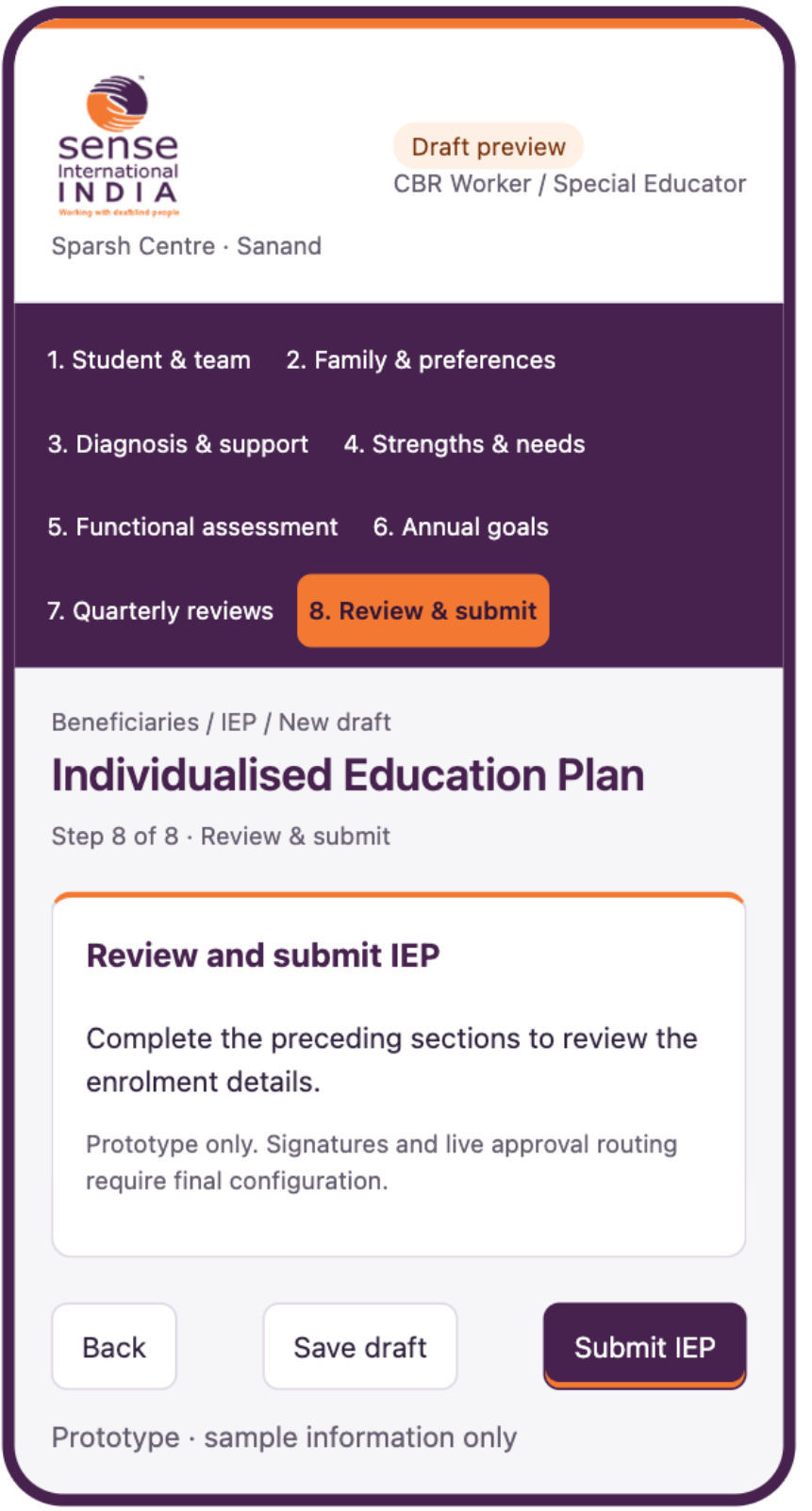
Prototype · sample information only

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

Back

Continue

Prototype · sample information only

Individualised Education Plan

Mobile | Partner Administrator - role view

Web application | Mobile application

Partner Administrator

sense International INDIA
Working with deafblind people

Sparsh Centre · Sanand

Draft preview
Partner Administrator

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 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

Web application | Mobile application

Sense India CB Team

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Working with deafblind people

Sparsh Centre · Sanand

Draft preview
Sense India CB Team

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 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
7. Dreams map
8. Communication map
9. Action plan
10. Review

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.

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

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

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

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

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

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
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

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
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

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
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

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

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

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

Back | Save draft | Save plan

Prototype · sample information only

Personal Future Plan

Web | Partner Coordinator - role view

Web application | Mobile application

Partner Coordinator

Sense India · Person-centred planning

Sample plan · draft
Partner Coordinator

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

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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Partner Administrator

sense International INDIA
Working with deafblind people

Sense India · Person-centred planning

Sample plan · draft
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Personal Future Plan

2 of 10 · Background map

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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Background map

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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

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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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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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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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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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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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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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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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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 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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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

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Organisation view

Own organisation · read-only plan

Background map

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Event or milestone

Learned to move independently around

How this experience is described

Happy / positive

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How this experience is described

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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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Hello, I am Sample service user

Sample content for design review

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dd/mm/yyyy

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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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3 of 12 · Communicate with me

First-person reading view

Edit this page

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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Communicate with me

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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 hearing

My photos, objects or signs

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My hearing devices

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First-person reading view

Edit this page

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 visual condition is

I use glasses

I see objects and pictures best at

The size of objects and pictures that helps me is

Colours and contrast that help me

Lighting that helps me

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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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7 of 12 · Likes & dislikes

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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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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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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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First-person reading view

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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

Not yet added

> In a medical emergency, refer to agreed protocols and trained people.

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First-person reading view

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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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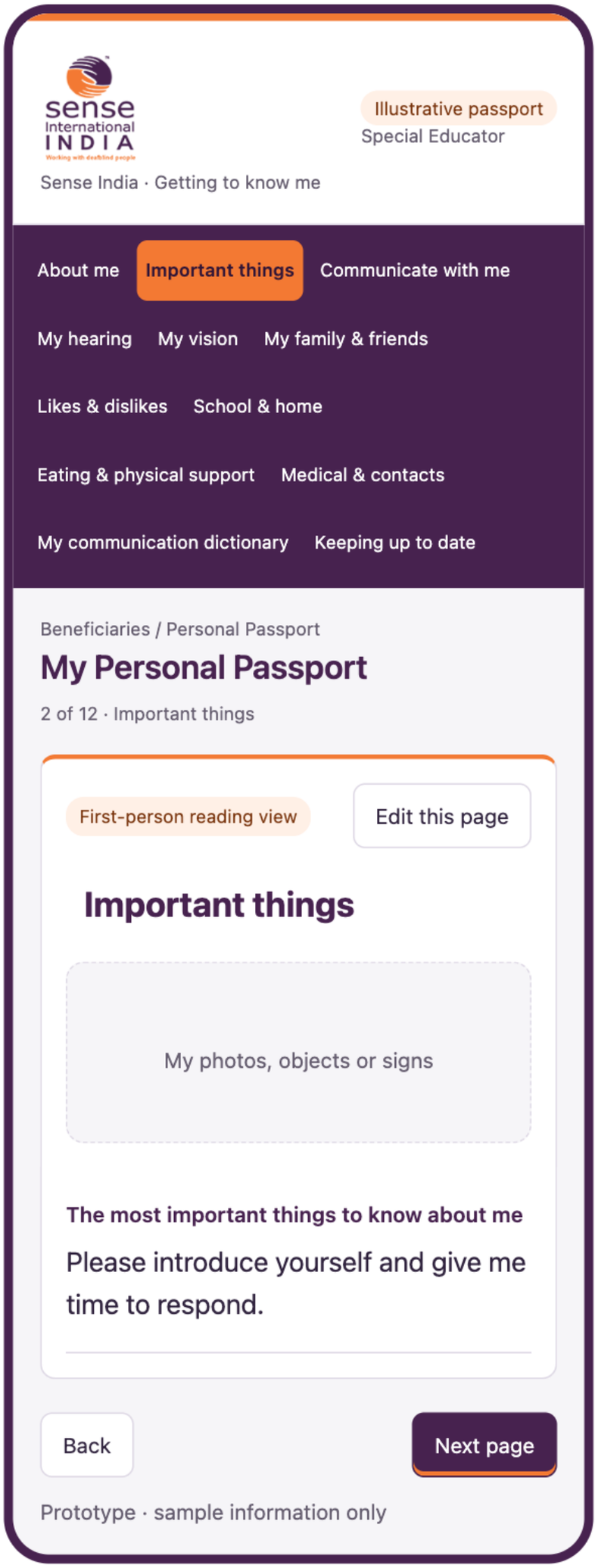

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3 of 12 · Communicate with me

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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4 of 12 · My hearing

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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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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6 of 12 · My family & friends

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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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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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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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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First-person reading view

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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

Not yet added

> In a medical emergency, refer to agreed protocols and trained people.

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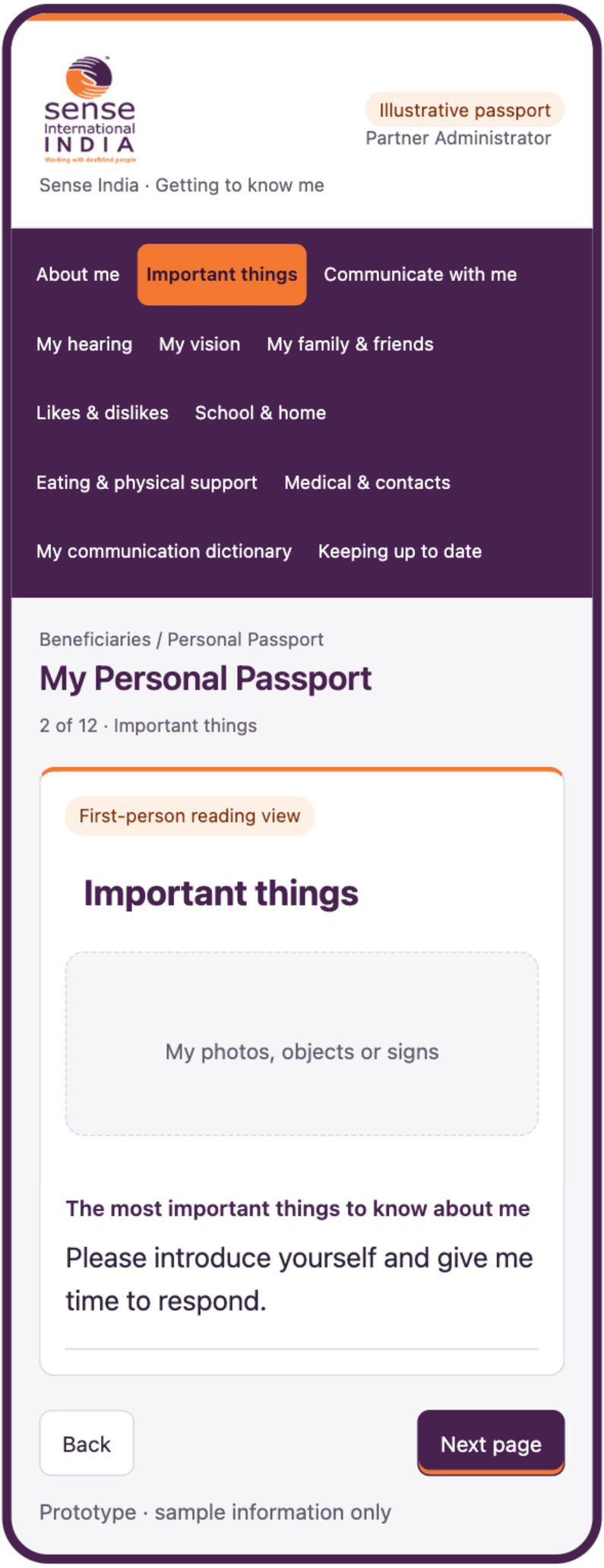

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2. Address
3. Contact
4. Review & workflow

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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Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Contact

Phone 1

Phone 2

Email

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Prayaas registration

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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

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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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Prayaas

Institution Head

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Working with deafblind people

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Institution Head

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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Prayaas

Partner Administrator

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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

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Abhi-Prerna

Project Team

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Project Team

1. Member & membership
2. Organisation
3. Contact & expectations
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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3. Contact & expectations
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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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Project Team

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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Abhi-Prerna

State Coordinator

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State Coordinator

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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Abhi-Prerna registration

Teachers · 2 of 4 · Organisation

Organisation

Organisation name

Duration of support

Office address

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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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Udaan

Project Team

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Working with deafblind people

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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

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 · 2 of 4 · Address

Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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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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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

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Submit for verification

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Udaan

State Coordinator

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Working with deafblind people

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Draft
State Coordinator

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

Back

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Udaan

Institution Head

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Working with deafblind people

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Institution Head

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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Udaan

Partner Administrator

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Partner Administrator

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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Bandhan

Project Team

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

Web application | Mobile application

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 · 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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Prototype · sample information only

Web application | Mobile application

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 · 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

sense International INDIA
Working with deafblind people

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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 · 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

Prototype · sample information only

Web application | Mobile application

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

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Bandhan

State Coordinator

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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

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Bandhan

Institution Head

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Working with deafblind people

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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

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Bandhan

Partner Administrator

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Working with deafblind people

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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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Prayaas

Project Team

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Working with deafblind people

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Draft

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)

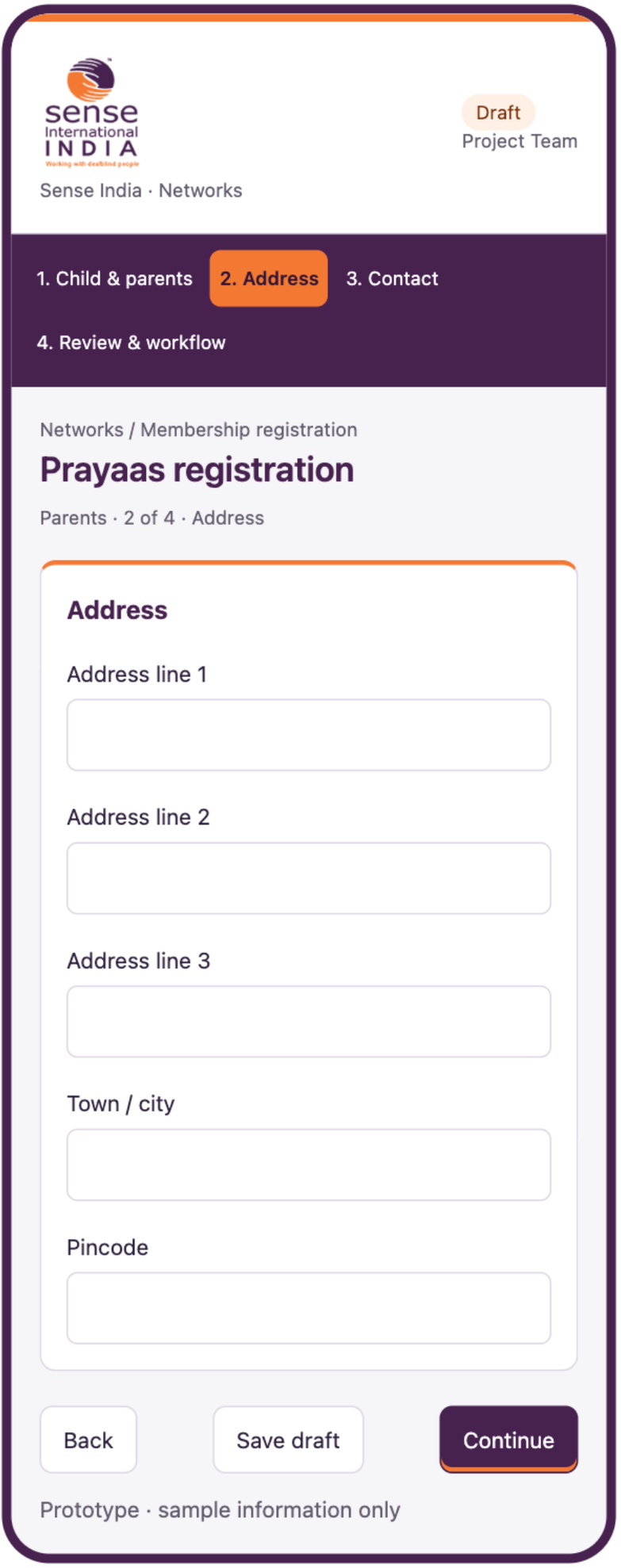
Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

Prayaas

Project Team



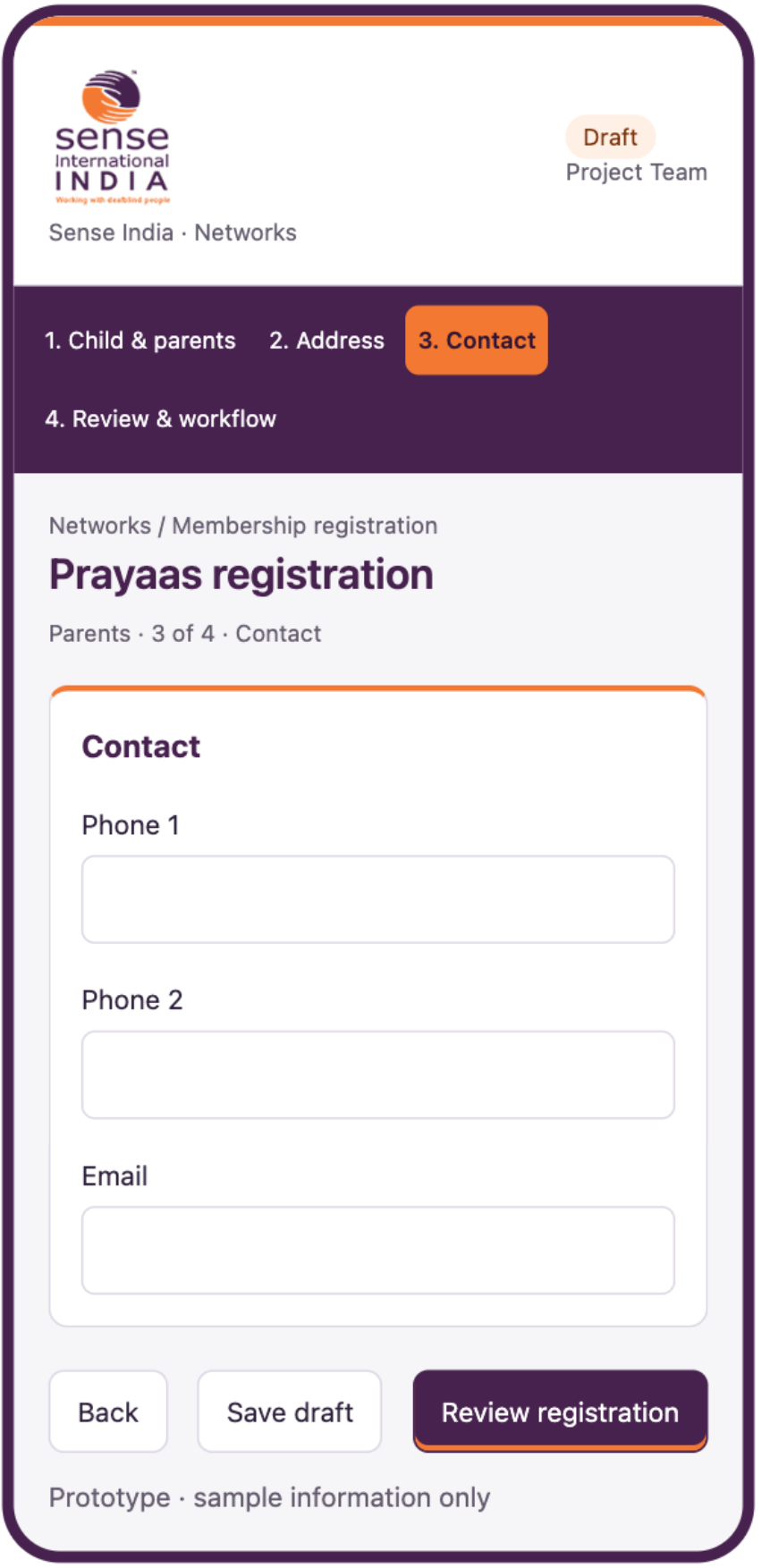
Network Registrations

Mobile | Prayaas - Parents - 3 of 4 - Contact

Web application | Mobile application

Prayaas

Project Team



Web application | Mobile application

Prayaas

Project Team

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Project Team

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

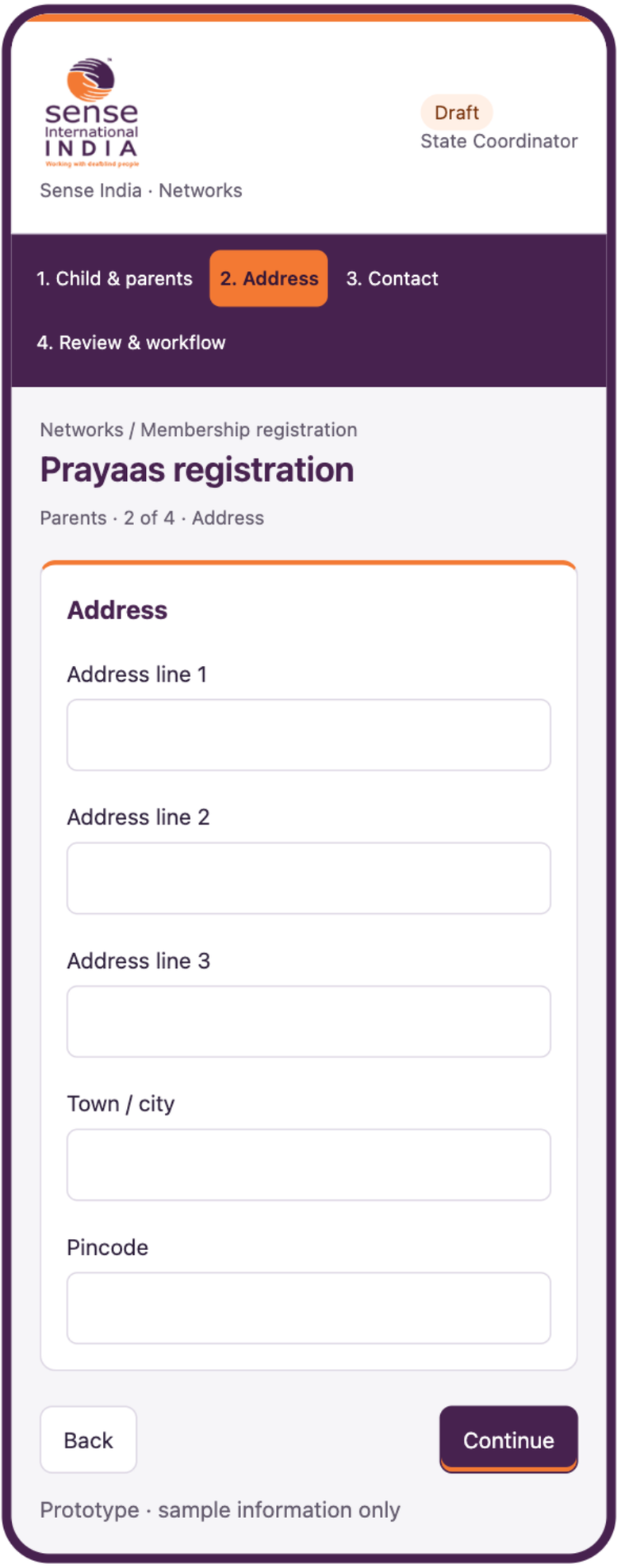
Back | Save draft

Prototype · sample information only

Web application | Mobile application

Prayaas

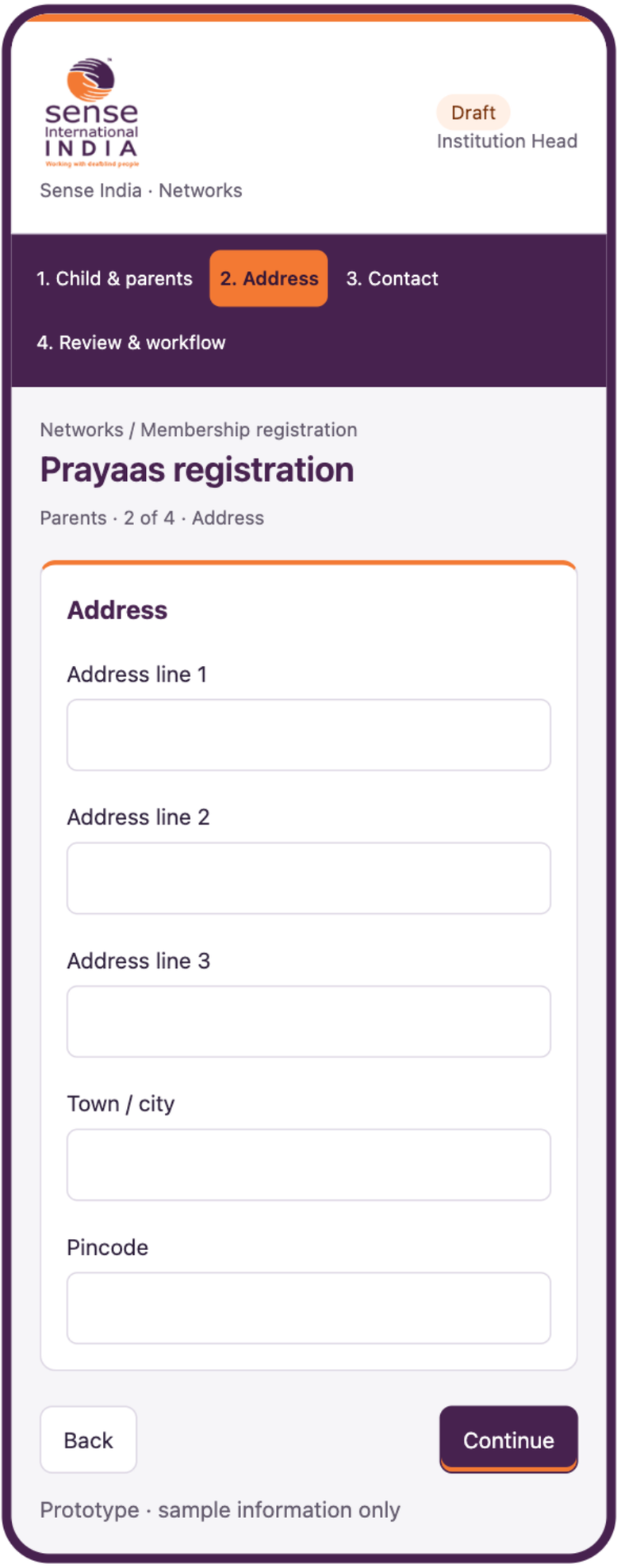
State Coordinator



Web application | Mobile application

Prayaas

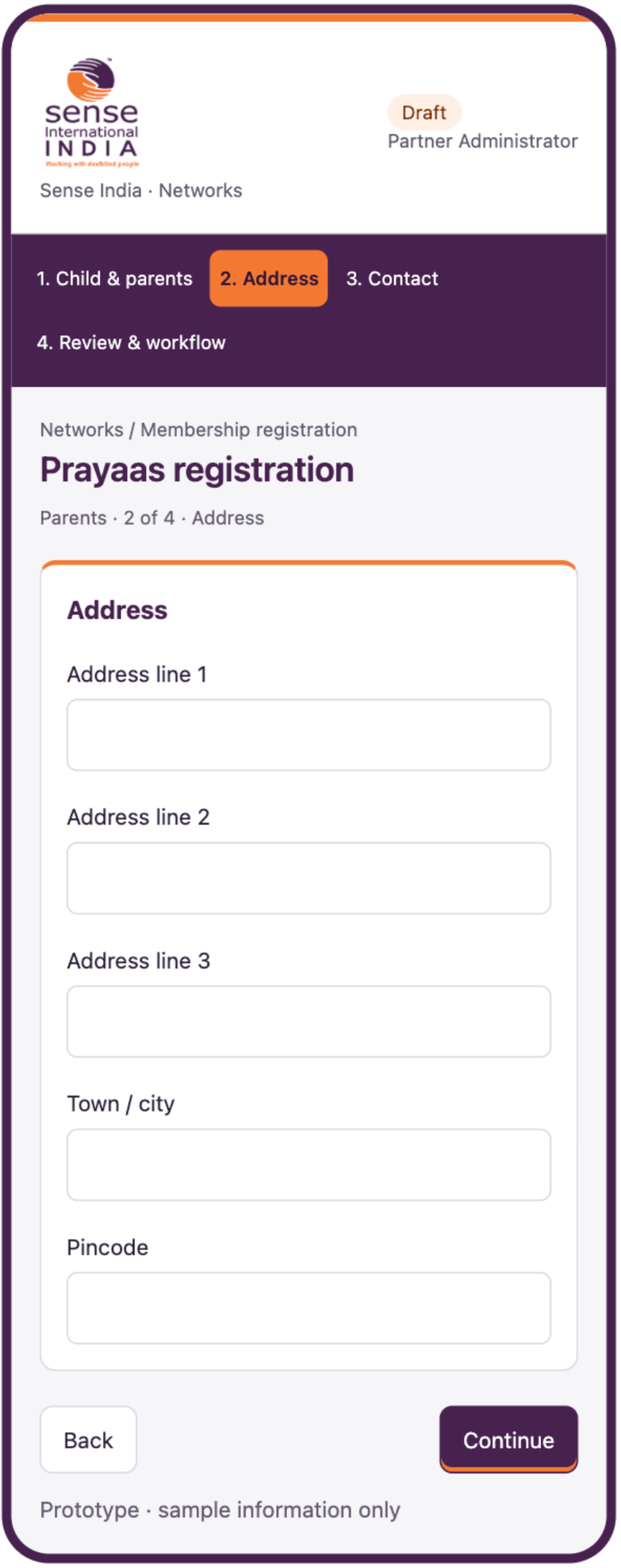
Institution Head



Web application | Mobile application

Prayaas

Partner Administrator



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Abhi-Prerna

Project Team

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Project Team

1. Member & membership | 2. Organisation | 3. Contact & expectations | 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

Back | Save draft | Continue

Prototype · sample information only

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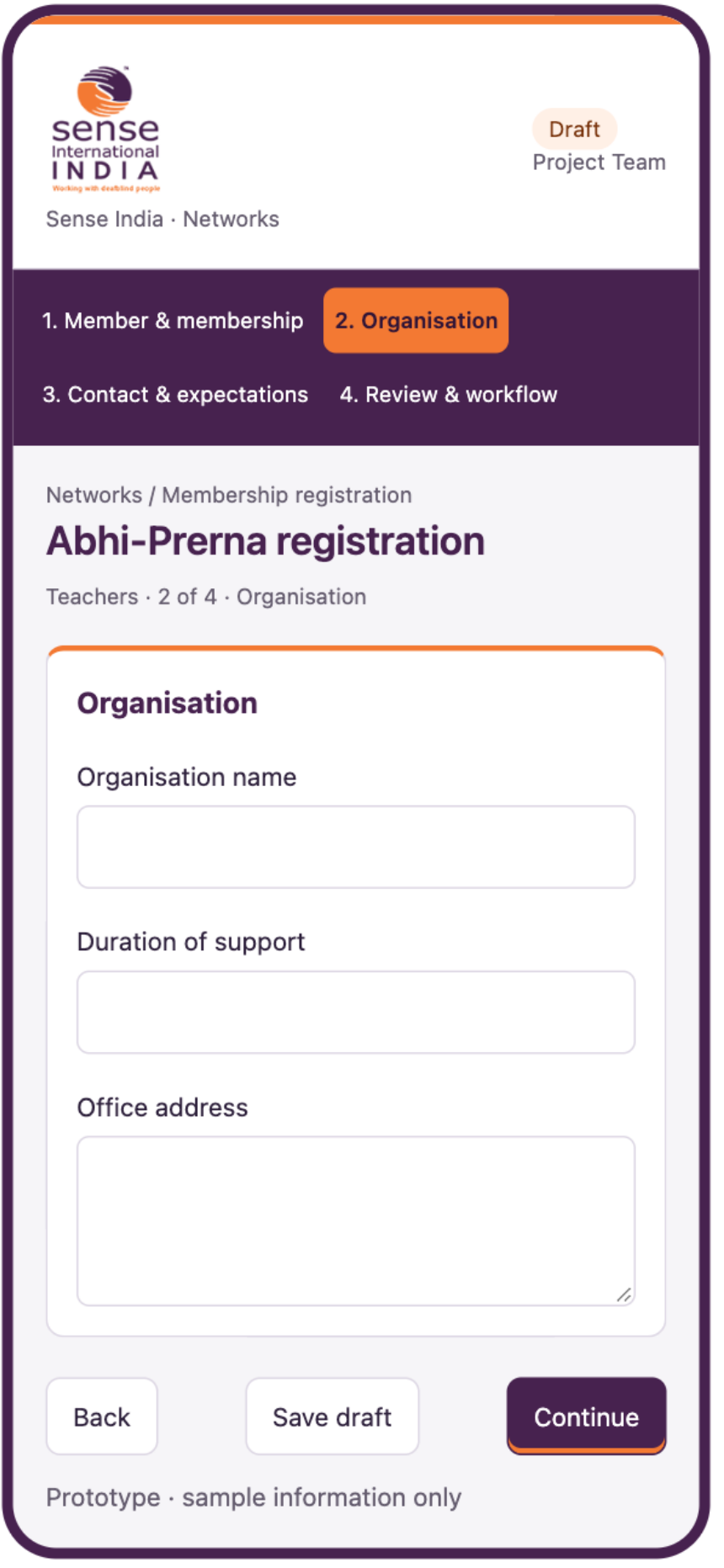
Abhi-Prerna

Project Team



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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

Draft → Submitted → Verified → Approved

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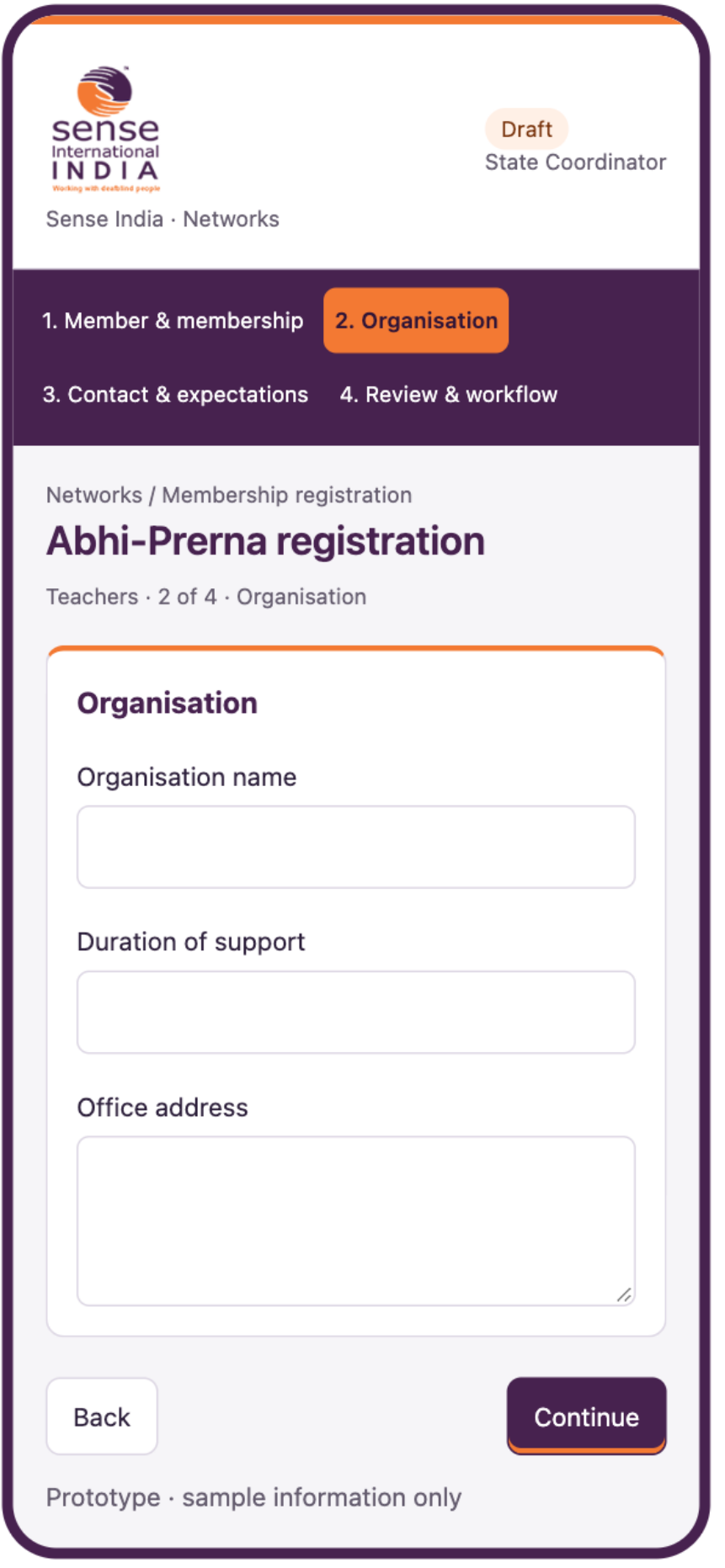
Network Registrations

Mobile | Abhi-Prerna - State Coordinator - role view

Web application | Mobile application

Abhi-Prerna

State Coordinator



Network Registrations

Mobile | Abhi-Prerna - Institution Head - role view

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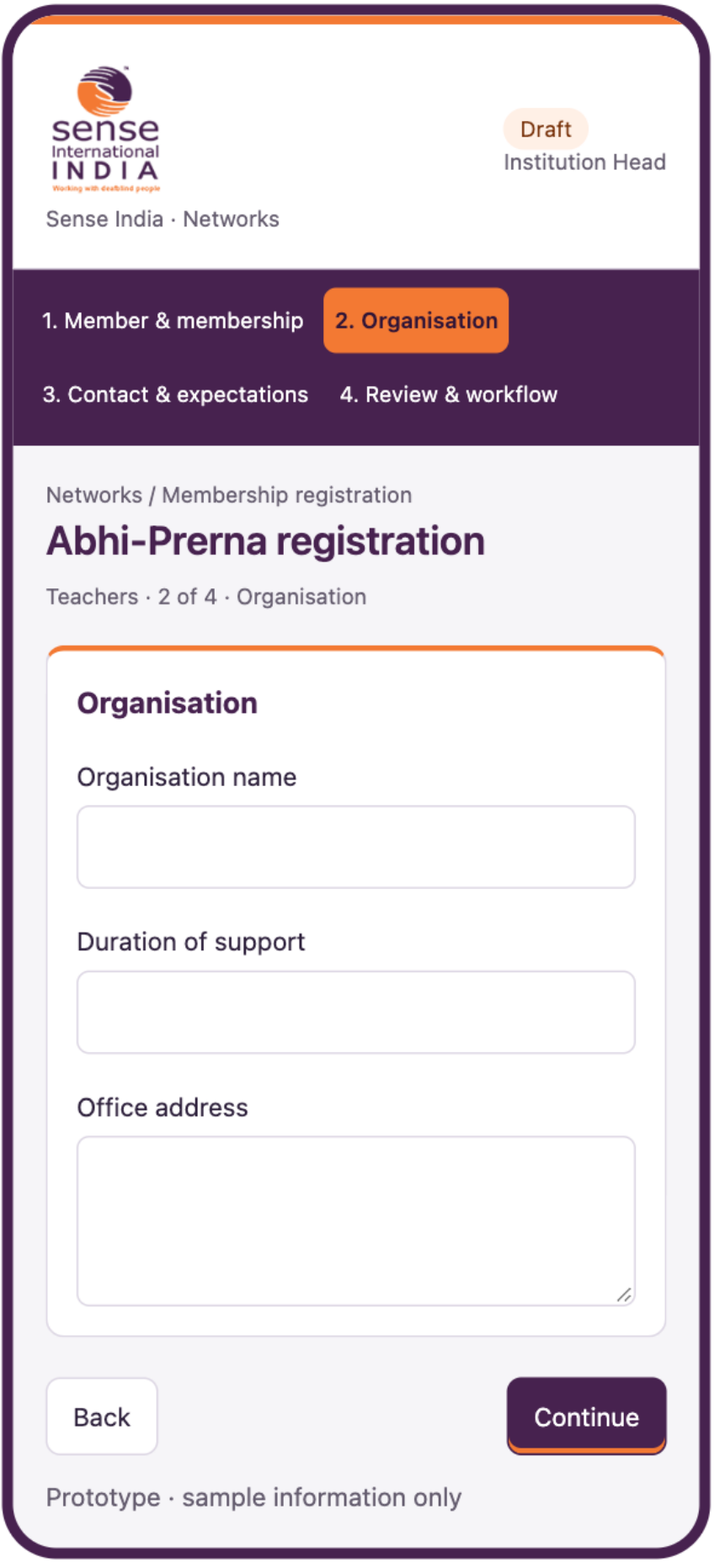
Abhi-Prerna

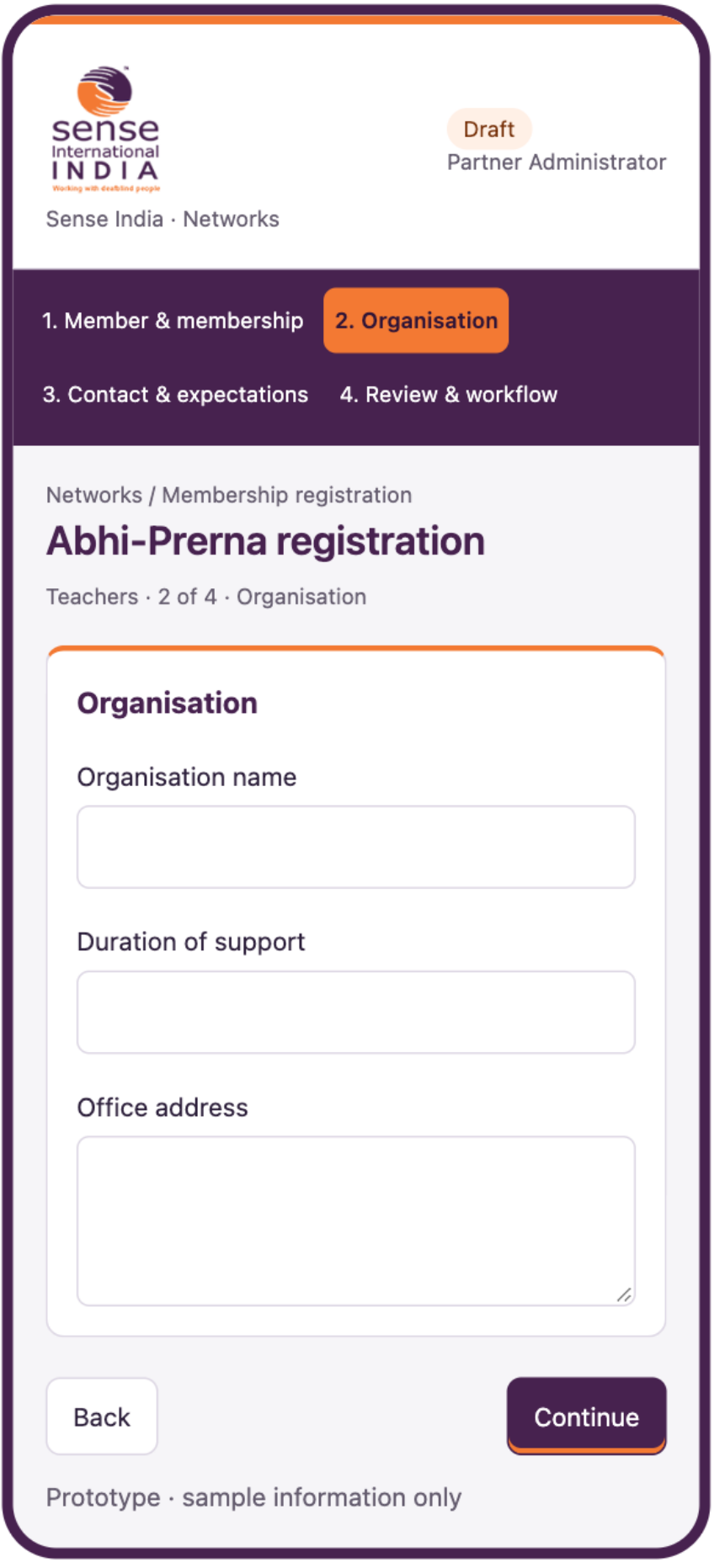
Institution Head



Web application | Mobile application

Abhi-Prerna

Partner Administrator



Network Registrations

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

Web application | Mobile application

Udaan

Project Team

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Working with deafblind people

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 · 1 of 4 · Member details

Member details

Udaan registration number

Title

First name

Middle name

Last name

Age

Gender

Select

Condition

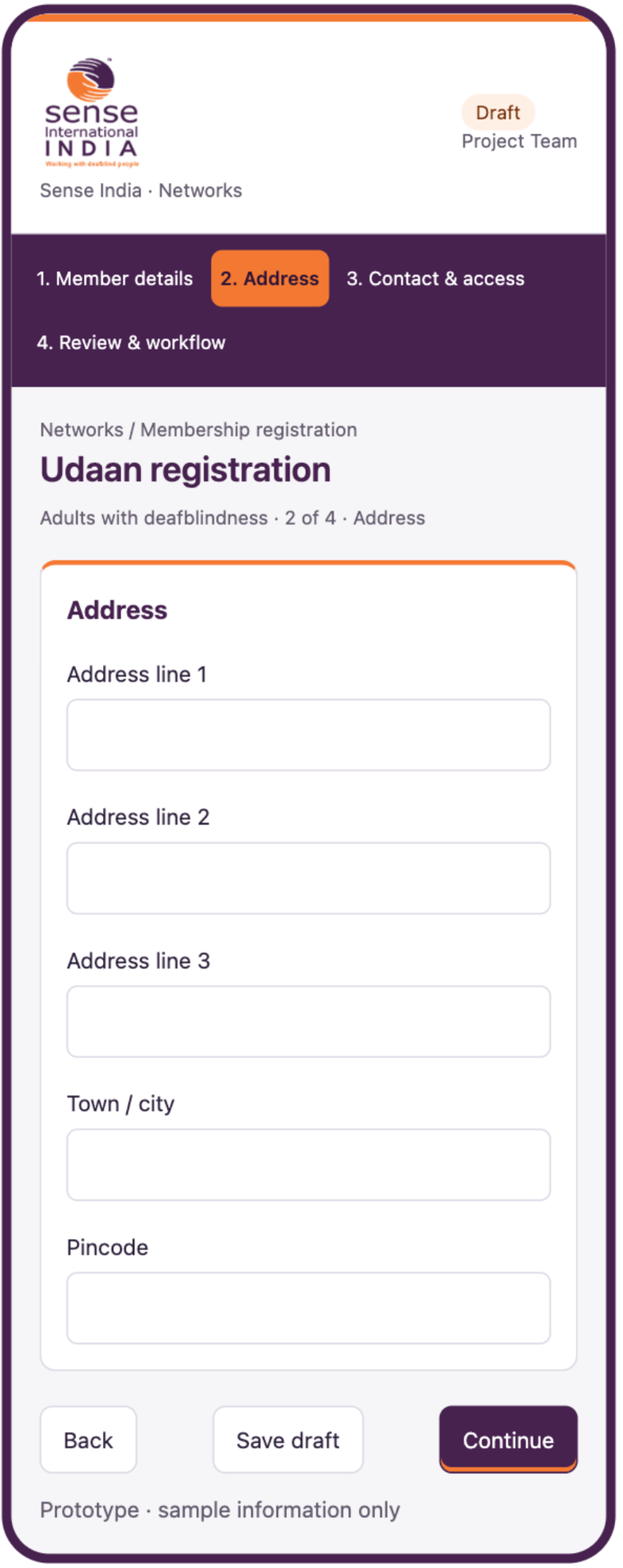
Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

Udaan

Project Team



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Udaan

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Working with deafblind people

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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

Prototype · sample information only

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Project Team

sense International INDIA

Working with deafblind people

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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

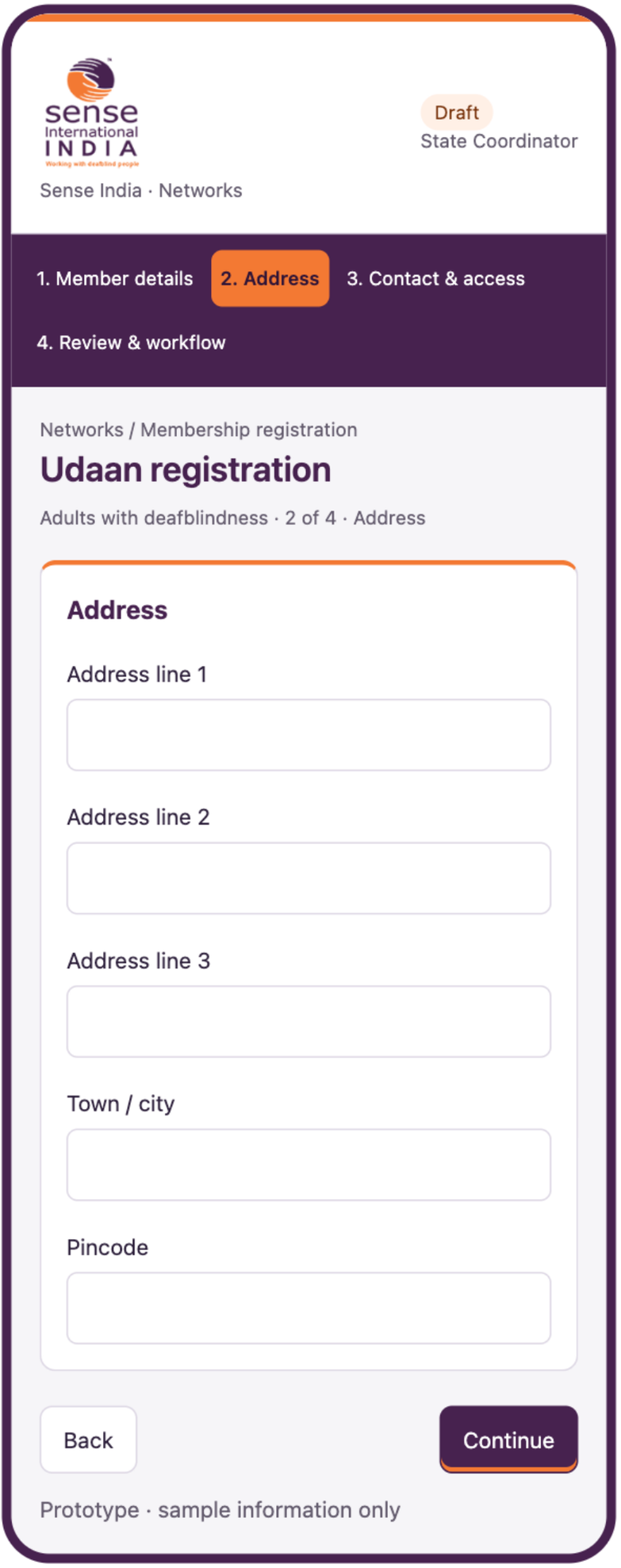
Back | Save draft

Prototype · sample information only

Web application | Mobile application

Udaan

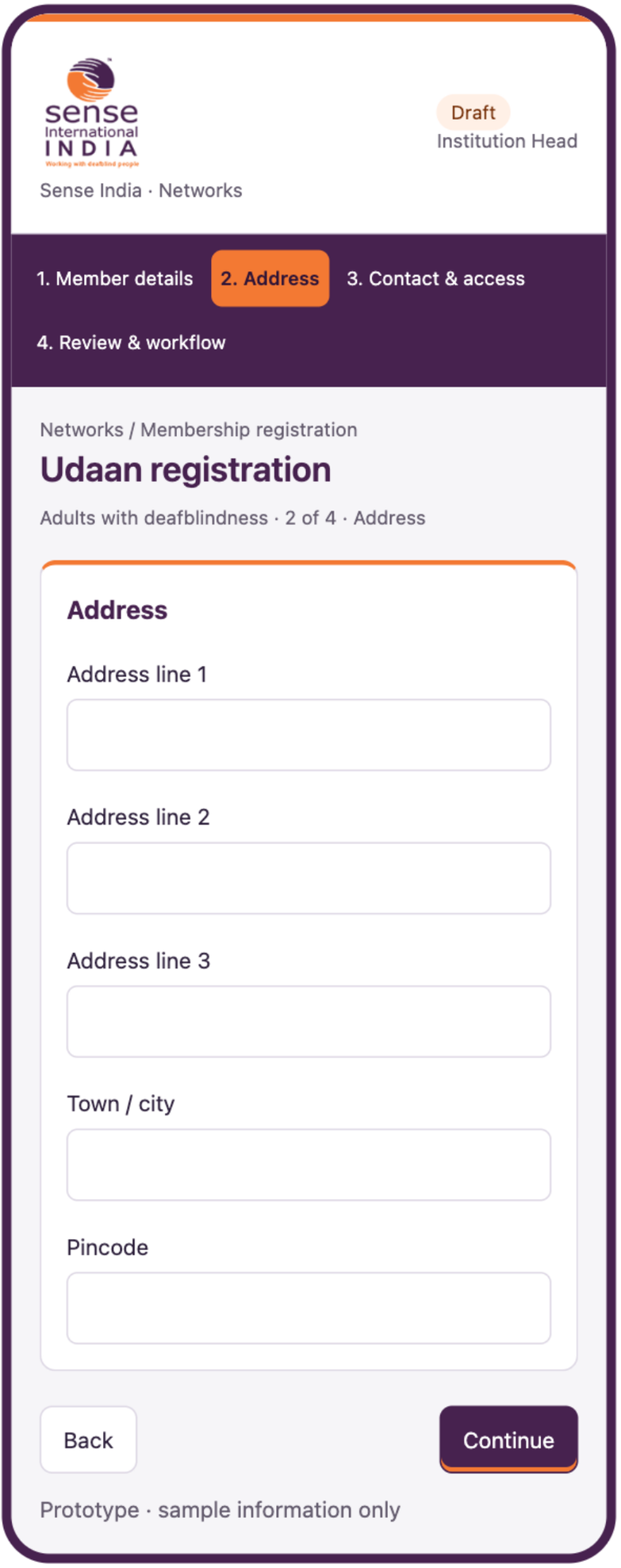
State Coordinator



Web application | Mobile application

Udaan

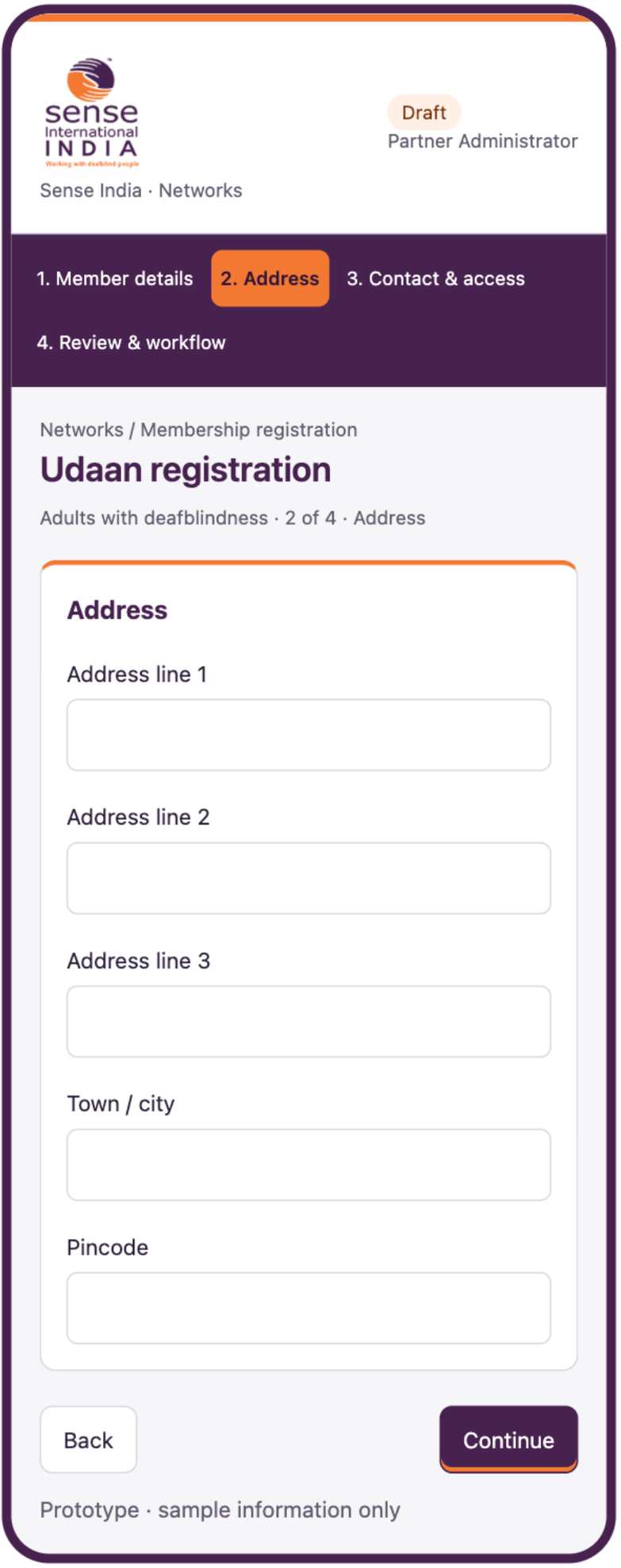
Institution Head



Web application | Mobile application

Udaan

Partner Administrator



Web application | Mobile application

Bandhan

Project Team

sense International INDIA

Working with deafblind people

Sense India · Networks

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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

Network Registrations

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

Web application | Mobile application

Bandhan

Project Team

sense International INDIA

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 · 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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Prototype · sample information only

Web application | Mobile application

Bandhan

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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

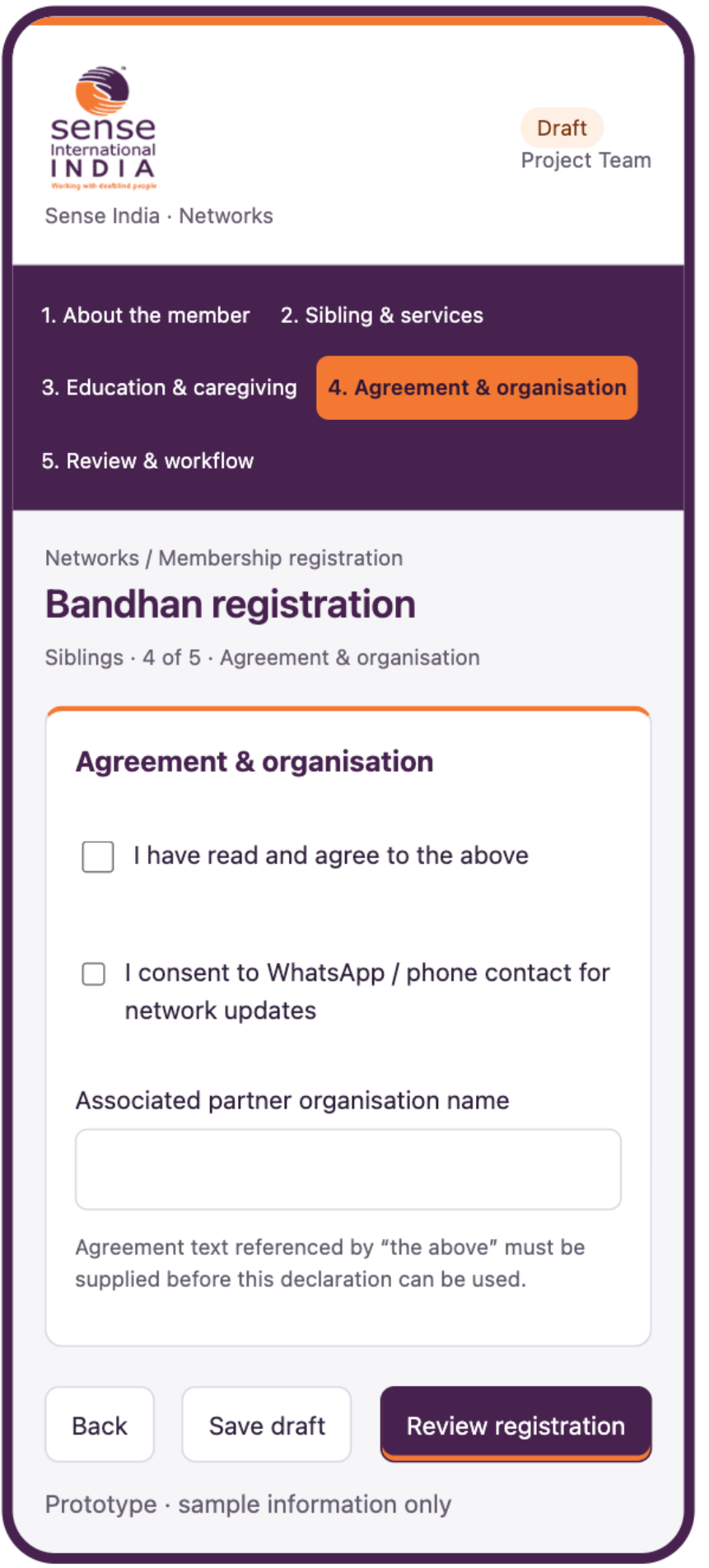
Back | Save draft | Continue

Prototype · sample information only

Web application | Mobile application

Bandhan

Project Team



Web application | Mobile application

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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

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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

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Prototype · sample information only

Network Registrations

Mobile | Bandhan - Institution Head - role view

Web application | Mobile application

Bandhan

Institution Head

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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

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Draft
Partner Administrator

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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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Prototype · sample information only