**Adults**

Any way we could do buttons instead of a slider for the SOAP scale (independent/supervision/minimum assistance/moderate assistance/maximum assistance/dependent)? The slider is sometimes fussy to use on the laptop.

**Subjective**

* Add “COMS Feedback” text field (same as in student section) – generated note should not put text from this field in quotations.
  + Example of generated note:
    - *COMS Feedback: Client appeared to be in positive spirits and was receptive to instruction.*
* Add “Additional Feedback” text field (same as in student section)
  + Name/Title field
  + Field for entering feedback – generated note should put text from this field in quotations
  + Example of generated note:
    - *The client’s wife: “We practiced human guide around the grocery store.”*

**Objective**

* Add “Teaching Methods/Materials” text field (same as in student section)
  + Does not need SOAP scale
    - Example of generated note:
      * *Teaching Methods/Materials: The client was familiarized to the store using human guide then explored the store using her long cane.*

**Assessment**

* Change “Assessment” to “Lesson Outcomes”
* The generated note for this section should be generated “Lesson Outcomes:”
  + E.g. “Lesson objective: Long cane skills. Lesson location: Residential neighborhood. The client reports "I practiced with my long cane this week." COMS feedback: The client seemed agitated by his cane getting stuck in sidewalk cracks. Lesson Outcomes: The client demonstrated the ability to utilize cane grips with moderate assistance…”

**Human Guide**

Add the following:

* Demonstrated ability to use a grocery cart with a guide

**Long Cane**

Add the following:

* Demonstrated the ability to use the long cane appropriately in crowded areas
* Demonstrated the ability to stay behind the path of the cane during travel
* Demonstrated the ability to maintain adequate protective arc with the long cane
* Demonstrated the ability to negotiate obstacles safely with the long cane
* Demonstrated the ability to respond appropriately to feedback from the long cane
* Demonstrated the ability to make safe turns with the long cane

The list should be ordered in the following way (this includes the additions listed above):

* Demonstrated the ability to care for an maintenance the long cane
* Demonstrated the ability to utilize cane grips
* Demonstrated the ability to clear with the long cane before moving
* Demonstrated the ability to utilize appropriate mechanics when using the long cane
* Demonstrated the ability to stay behind the path of the cane during travel
* Demonstrated the ability to maintain adequate protective arc with the long cane
* Demonstrated the ability to negotiate obstacles safely with the long cane
* Demonstrated the ability to respond appropriately to feedback from the long cane
* Demonstrated diagonal technique
* Demonstrated diagonal trailing technique
* Demonstrated constant contact
* Demonstrated trailing with constant contact
* Demonstrated two point touch
* Demonstrated trailing with two point touch
* Demonstrated touch and drag technique
* Demonstrated shoreline technique
* Demonstrated three point touch technique
* Demonstrated three point check technique
* Demonstrated ability to ascend stairs with the long cane
* Demonstrated ability to descend stairs with the long cane
* Demonstrated the ability to negotiate up curbs with the long cane
* Demonstrated the ability to negotiate down curbs with the long cane
* Demonstrated the ability to use the long cane appropriately in crowded areas
* Demonstrated the ability to make safe turns with the long cane

**Basic Skills**

Add the following:

* Traveled (TEXT FIELD: *Number of minutes*) without requiring a break

**Visual Skills – NEW SECTION!**

* Visually detected curbs/drop offs
* Visually detected obstacles in line of travel
* Visually detected hanging obstacles
* Visually detected ramps/blended curbs
* Visually detected and interpreted traffic control signals
* Visually detected and interpreted pedestrian signals
* Visually detected vehicles approaching an intersection
* Demonstrated ability to read (TEXT FIELD: *e.g. bathroom signage, house numbers*) using functional vision
* Demonstrated the ability to use (TEXT FIELD: *e.g. monocular, iPhone*) to read signage

**Orientation**

Add the following:

* Demonstrated the ability to use problem solving techniques for orientation
* Safely executed travel routes (TEXT FIELD: *e.g. in neighborhood, college campus*)
* Safely reversed travel routes (TEXT FIELD: *e.g. in neighborhood, college campus*)

**Technology**

Add the following:

* Used (TEXT FIELD: *e.g. Blindsquare*) to plot a route to a desired POI
* Used (TEXT FIELD: *e.g. Blindsquare*) to create a digital landmark
* Used (TEXT FIELD: *Feature of GPS device e.g. Blindsquare Look Around*)
  + X2 please!

**Street Crossings**

Add the following:

* Using TMAD, the client demonstrated the ability to safely detect traffic at (TEXT FIELD: *Intersection/street name*)
* Using TMAD, the client did not demonstrate the ability to safely detect traffic at (TEXT FIELD: *Intersection/street name*)

**Transportation**

Add the following under Fixed Route Bus:

* Utilized fixed route bus to travel from (TEXT FIELD: *starting point e.g. client’s home*) to (TEXT FIELD: *destination e.g. South Park Mall*)
* Demonstrated the ability to locate the destination after exiting the bus
* Demonstrated to locate the correct bus stop

Change the following under Para Transit:

* Change “Demonstrated understanding of (TEXT FIELD: *e.g. STS para transit policies and guidelines*)” to “Demonstrated understanding of para transit policies and guidelines.”
  + No SOAP scale needed
* Change “Purchased (TEXT FIELD: *e.g. Para transit tickets*)” to “Purchased para transit tickets”
  + No SOAP scale needed
* Change “Obtained ID for (TEXT FIELD: *e.g. para transit)”* to “Obtained ID for para transit”
  + No SOAP scale needed

Add to Other:

* Located the Uber/Lyft/Taxi vehicle successfully

**Priority Cases**

VI Identification Training

* Add to cane measurement drop down: 62” & 64”
* Add:
  + “The client would like to purchase (DROP DOWN WITH FOLLOWING OPTIONS: *Ambutech/Revolution/Maxi Aids/Support Cane/ID Cane*)”
  + “Type of material: (DROP DOWN WITH THE FOLLOWING OPTIONS: *Graphite/Aluminum*)”
  + “Type of tip: (DROP DOWN WITH FOLLOWING OPTIONS: *Marshmallow Roller/Jumbo Roller/Rolling Ball/Marshmallow Standard/Metal Glide/Ceramic/Dakota Disc/Pencil)”*
* Remove Y/N option for “Was interested in non-priority O&M training program”
* “Recommended O&M training” should not be the heading for the items below it.
  + - At the current time, the note generates in the following manner: “Recommended O&M training: Explained differences between long cane training/priority ID cane training, Explained format of O&M training, Explained O&M wait list and Introduced ID cane.”
    - It should be changed to: “Recommended O&M training, explained differences between long cane training/priority ID cane training, explained format of O&M training, explained O&M wait list, and introduced ID cane.”
* Change “Explained differences between long cane training/priority ID cane training” to “Explained differences between non-priority O&M training and Visual Impairment Identification training”
* Change “COMS will follow up” to “COMS will follow up with the client in several weeks to determine if the client has received long cane.”

Para Transit

* Add “Completed client’s application for STS”
  + No SOAP Scale needed
* Change “COMS submitted the client’s application to (TEXT FIELD: *e.g. para transit organization*)” to “The client’s para transit application was submitted.”
  + No text field or SOAP Scale needed
* Add “The completed para transit application was placed in the client’s O&M folder.”
  + No SOAP Scale needed
* Remove SOAP scale from:
  + “Demonstrated understanding of para transit policies”
  + “Demonstrated awareness of para transit ticket sales locations”
* Change “COMS will follow up” to “COMS will follow up with the client in several weeks to determine status of para transit application.”
  + No SOAP scale needed

**Mini Center**

* Change “Received and introduction to the types and purposes of various canes, including the NC Lions cane, ID cane, red and white support cane, and long canes available for purchase at MAB” to “Received and introduction to the types and purposes of various canes, including but not limited the ID cane, red and white support cane, and long canes available for purchase at MAB”
* Tweak generated note - at current time all items checked under “Other topics discussed included” are capitalized in generated note.
  + E.g. “Other topics discussed included: NoIR sunglasses, Dog guides and Orientation techniques.”

**Closure Summary – NEW SECTION!**

We have to write a narrative at the end of a client’s O&M program summarizing what they learned and the level of mastery they reached with each skill (based on SOAP scale) practiced. This is done by going through their notes and imputing information into a template in Word. The final summary is then copied and pasted into our documentation program, CMS. Essentially we would need it to cover most of the skills that already exist within the web app, but it would need to have a few additional text fields for the number of direct service hours, program goals, etc. Is this possible?

Here’s an example of one I’ve written: *The client received 23.25 direct service hours in his non-priority O&M program. The client’s for training were: 1. Practice negotiation of stairs in front of home with rollator 2. Learn route to convenience store behind home 3. Learn compensatory techniques for street crossings 4. Blindsquare training 5. Uber training 6. Learn to travel on bus to south park mall. COMS recommended that client purchase an Ambutech cane from MAB with jumbo roller ball, as he currently is using an old Lions cane with a pencil tip which is creating issues for him during travel. The client elected not to complete goal 2 due to complexity of the route. Mobility: The client demonstrated the ability to get his Rollator in and out of his apartment building with supervision. It was recommended that the client use the rollator for travel in familiar areas or if he is feeling unwell and may require physical support. The long cane is required for safe, independent travel, especially in unfamiliar areas. The client demonstrated the following long cane skills independently: Cane grips. The client demonstrated the following long cane skills with supervision: diagonal technique. The client demonstrated the following long cane skills with minimal assistance: mechanics, constant contact technique. The client demonstrated the following long cane skills with moderate assistance: trailing with constant contact, two point touch technique. Transportation: The client demonstrated the ability to board and exit the fixed route bus independently. The client demonstrated the ability to call CATS to plan a trip on the bus with minimal assistance. The client successfully completed a trip from his home to South Park Mall with supervision. The client demonstrated the ability to utilize the Uber app with supervision. Orientation: The client demonstrated the ability to travel with supervision in the following locations: his neighborhood, to the 232 bus stop, in the south park mall. The client demonstrated the ability to travel with moderate assistance in the following locations: South park transit center The client demonstrated use of the Look Around and Places features of Blindsquare independently. The client demonstrated the ability to search for a destination and create a route to a destination with minimum assistance. He will continue practicing independently to improve his ability to search and create routes. Street Crossings: The client utilized appropriate techniques to successfully cross Wendover with supervision. The client use appropriate techniques to successfully cross Latrobe with minimal assistance. However, due to the intersection layouts, permissive left turning, and lack of consistent traffic flow, COMS recommends that client avoid crossing at Wendover/Home Depot driveway and Wendover/Latrobe near his home.*

**Initial O&M Assessment – NEW SECTION!!**

Translating our assessment into this format would be a massive time saver. Right now I’m writing each one by hand and it takes about an hour per assessment.

* Client’s description of their vision (TEXT FIELD generated note should put this text in quotations)
* Conditions that reduce vision (CHECK BOXES: *Bright Lighting/Dim lighting/Darkness.* TEXT FIELD for additional info*.*)
* Medical Conditions that may impact mobility: (CHECK BOXES: *high blood pressure, cardiovascular, diabetes, arthritis, neuropathy in hands, neuropathy in feet, fibromyalgia, vertigo, Multiple Sclerosis, Traumatic Brain Injury, Cerebral Palsy, seizures, memory loss, hearing loss in right ear, hearing loss in left ear, asthma/emphysema, impaired balance*. TEXT FIELD for additional information.)
* Current mobility equipment:
  + Type: (DROP DOWN WITH THE FOLLOWING OPTIONS: *long cane/support cane/ID cane/dog guide/rollator/walker/manual or power wheelchair/scooter/none*)
  + Long Cane Brand: (DROP DOWN WITH FOLLOWING OPTIONS: *Ambutech/Revolution/Maxi Aids/Support Cane/ID Cane*)”
  + Long Cane Measurement: (DROP DOWN: 40”/42”/44”/46”/48”/ 50”/52”/54”/56”/58”/60”/62”/64”)
  + Long Cane Material: (DROP DOWN WITH THE FOLLOWING OPTIONS: *Graphite/Aluminum*)
  + Long Cane Tip: (DROP DOWN WITH FOLLOWING OPTIONS: *Marshmallow Roller/Jumbo Roller/Rolling Ball/Marshmallow Standard/Ball Standard/Metal Glide/Ceramic/Dakota Disc/Pencil)*
  + TEXT FIELD for additional info.
* Technology aids: (CHECK BOXES: *iPhone, Other Smartphone, Flip phone, Standalone GPS, Smartphone App GPS.* TEXT FIELD to add additional info.)
* Where do you travel independently? (CHECK BOXES: *requires assistance in all environments, inside the home, driveway, yard, residential neighborhood, grocery store, mall, doctor’s office, church, city/town where currently residing, Charlotte, nationally, internationally.* TEXT FIELD to add additional info.)
* What travel tasks do you have difficulty completing independently? (CHECK BOXES: *negotiating obstacles, negotiating marked curbs, negotiating unmarked curbs, negotiating parking curbs, negotiating changes in elevation, negotiating stairs, negotiating crowded environments, negotiating brightly lit environments, negotiating dim/dark environments, negotiating unfamiliar environments, crossing residential/stop sign controlled intersections, crossing commercial/lighted intersections, human guide, negotiating interior of home, traveling to the mailbox, taking out trash, traveling in residential neighborhood, negotiating grocery store, negotiating mall, maintaining orientation, locating destinations, utilizing public transit, use of functional vision.* TEXT FIELD to add additional info. )
* Do you ever travel with a human guide? Y/N (CHECK BOXES: *has not received human guide training, has received human guide training.* TEXT FIELD to add additional info.)
* Which forms of transportation do you utilize? (CHECK BOXES: *family/friends, Taxi, Uber, Lyft, GoGoGrandparent, Para Transit, Fixed Route Bus, Lynx, MAB.* TEXT FIELD to add additional info.)
* Indoor Travel Observations: (CHECK BOXES: *slow/cautious pace, average pace, quick pace, downward head position, upright head position, scanning, eccentric viewing techniques, hand trailing, used mobility device, used functional vision, maintained orientation, avoided objects/people, contacted objects/people, negotiated changes in elevation, tripped on change in elevation, negotiated stairs, maintained straight line of travel, maintained balance, balance impaired, located desired destinations independently.* TEXT FIELD to add additional details.)
* Outdoor Travel Observations: (CHECK BOXES: *slow/cautious pace, average pace, quick pace, downward head position, upright head position, scanning, eccentric viewing techniques, glare impacted travel, wore sunglasses, wore brimmed hat, hand trailing, used mobility device, used functional vision, maintained orientation, avoided objects/people, contacted objects/people, negotiated changes in elevation, tripped on change in elevation, negotiated stairs, maintained straight line of travel, maintained balance, balance impaired, located desired destinations independently.* TEXT FIELD to add additional details.)
* Environmental Assessment: (CHECK BOXES: *rugs create tripping hazard, lighting problematic, visual congestion of space, narrow walking paths, low contrast, no handrails present at stairs, unexpected obstacles.* TEXT FIELD to add additional information.)
* Mobility Equipment to be used in O&M Training:
  + Type: (DROP DOWN WITH THE FOLLOWING OPTIONS: *long cane/support cane/ID cane/dog guide/rollator/walker/manual or power wheelchair/scooter/none*)
  + Mobility device requires taping for identification: Y/N
  + Long Cane Brand: (DROP DOWN WITH FOLLOWING OPTIONS: *Ambutech/Revolution/Maxi Aids/Support Cane/ID Cane*)”
  + Long Cane Measurement: (DROP DOWN: 40”/42”/44”/46”/48”/ 50”/52”/54”/56”/58”/60”/62”/64”)
  + Long Cane Material: (DROP DOWN WITH THE FOLLOWING OPTIONS: *Graphite/Aluminum*)
  + Long Cane Tip: (DROP DOWN WITH FOLLOWING OPTIONS: *Marshmallow Roller/Jumbo Roller/Rolling Ball/Marshmallow Standard/Ball Standard/Metal Glide/Ceramic/Dakota Disc/Pencil)*
  + TEXT FIELD for additional info.
* Training Goals: Can these be numbered? (CHECK BOXES: *learn human guide techniques, sensitivity training for family/friends, learn self-protective techniques, learn hand trailing, learn basic long cane techniques, learn to negotiate curbs with long cane, learn to ascend/descend stairs with long cane, learn to negotiate escalators, learn to negotiate elevators, learn techniques for crossing stop sign controlled intersections, learn techniques for crossing lighted intersections, learn to utilize Uber/Lyft, learn to utilize the fixed route bus system, learn to utilize the Lynx, improve ability to shop for groceries, improve orientation skills.* TEXT FIELDS to add additional goals.)
* Other Considerations: (TEXT FIELD)