

Ability Drive Consideration Checklist

This guide is designed to support assessing therapists to gather required information to support suitable recommendations to be made for the setup and use of Ability Drive, including eye gaze device and mounting when required. Please provide as much detail as possible and get in touch with any questions.

1. Does the client currently have a powered wheelchair?

Yes No

2. **Make & Model of Wheelchair:** Click or tap here to enter text.

3. Does the wheelchair have a 9 Pin D-Sub connector?

Yes No



4. Does the client currently have an eye gaze device?

Yes No (Go to Question 8)

5. **Make & Model of eye gaze device:** Click or tap here to enter text.

6. Is the client accurately accessing the communication system via eye gaze?

Yes No

7. Does the existing eye gaze device have a spare USB port?

Yes No Type of USB Port: USB A USB C

8. Is the client currently awaiting an assessment for a communication device?

Yes No

9. **Name of assessment service referred to** Click or tap here to enter text.

10. Does the client currently have mounting for their communication device?

Yes No (Go to Question 12)

11. **Make of mounting system** Click or tap here to enter text.

please provide a picture of mounting setup if possible

12. Does the client have any known visual issues?

Yes No

Additional Info Click or tap here to enter text.

13. Are there any known cognitive issues which may affect ability to follow instructions on safe use?

Yes No

Additional Info Click or tap here to enter text.

14. Are there any concerns around the home environment ability to support use of a powered wheelchair via eye gaze

Yes No

Additional Info Click or tap here to enter text.