

# COMS Assessment Considerations

**Approach each individual, each team of staff and caregivers, and each referral with an open mind:**

You'll find the COMS Assessment Format for Serving Adults with ID to be a powerful tool to help you tailor evaluations to address the needs of each individual.

- Use the template when writing assessments to share with individuals and teams: Use all or some of the Assessment components as needed for your written report.
- We think of Assessments, in addition to conveying the important recommendations for an individual, also as an educational tool. For team members who might not understand the scope of our work, the Assessment can help to explain our role and the nature of our service as COMS. The clearer you are in the Assessment report, the better educated the reader becomes about your point of view as a COMS, and as it impacts the adult with ID.
- The Assessment format can also be used as a guide for your service; as a notes keeper for you; and to share when/if transferring an individual's case to a colleague.

**To consider:**

- Referrals for COMS services may be incomplete in terms of what is being asked for, and especially if the individual's team does not understand fully what you a COMS, can provide.
  - If appropriate, please ask the Case Manager who sent referral for the OK to evaluate the individual at all locations where the individual spends the majority of time, including both home and day locations.
  - If appropriate, and if a targeted assessment was initially requested but you discover that the individual has additional needs, ask if a full assessment can be provided.

**The COMS Assessment Format for Serving Adults with ID can be used together with:**

- Massachusetts Service Delivery Tool
- COMS FAQ's for Serving Adults with ID
- Resources from [www.focusonvisionandvisionloss.org](http://www.focusonvisionandvisionloss.org)
- On the Job Training (OJT) Form
- Photo/Video Consent Form
- Sunglass Evaluation Guidelines
- Vision Simulator Activities

# COMS Assessment Format for Adults with ID

**NAME:** Individual's legal/full name

**ADDRESS:** complete home address

**DATE OF BIRTH:**

**Legally Blind Registration #**

**Legally Blind Date of Reg:**

**DAY PROGRAM/WORK ADDRESS:**

**DATE of REPORT:**

**Certified Orientation & Mobility Specialist:**

**Agency:**

**COMS Contact Info:** phone and email

**Referred by:** from referral or updated info

## REASON FOR REPORT

- referral from DDS Service Coordinator for O&M/Low Vision Assessment (include any issues/concerns indicated in referral)
- change in vision, environment, mobility
- Annual Review
- re-evaluation
- Closing

## INSTRUMENTS FOR EVALUATION

- Record Review
- Observation (list dates/locations)
- Individual/Family/Caregiver/Clinical Staff Interviews (dates/location)
- O&M Assessment Resources for example TAPS, if referenced

## MEDICAL INFORMATION

- Diagnoses
- Medications (which impact vision/balance/mobility)
- Behavioral Concerns
- Self Injurious Behaviors (which place individual at risk for vision loss)

# COMS Assessment Format for Adults with ID (continued)

**Re:** INDIVIDUAL'S NAME

## COMMUNICATION INFORMATION

- Deaf or Hard of Hearing
- Primary Language
- Communication Style (expressive/receptive language, equipment needs)

## FAVORITE THINGS

- Activities and/or objects that motivate the individual
- Preferred items to look at/engage with
- Items that keep the individual calm/comfortable

## MOTOR INFORMATION

- Assistive Mobility Devices (gait belt, support cane, crutches, walker, wheelchair)
- Gait/Pace

## ACCIDENTS

- Reports related to falls, tripping, bumping, over/under stepping
- Pattern related to time of day/environment/location

## O&M SERVICE HISTORY

- past reports (dates)
- previous goals, objectives, skills taught

## VISUAL INFORMATION

- Current Visual Status (question of vision loss/low vision/legally blind/deafblind)
- MCB Registration Eye Doctor Name/Contact Information
- Date of most recent eye exam
- Visual Diagnoses (from eye report)
- Date of Eyeglass Prescription
- Use of Eyeglasses (all awake hours/distance/near/protection/does not tolerate)
- Upcoming Eye Surgery (sensitivity/tolerance to eye patching)
- Possible resulting effects of each vision diagnosis (from eye condition literature)

# COMS Assessment Format for Adults with ID (continued)

**Re:** INDIVIDUAL'S NAME

## FUNCTIONAL VISION ASSESSMENT

- Dates/Times/Locations of Observations
- Individual/Family/Caregiver/Clinical Staff Discussion/Interviews
- Vision Observations
- Motivators for Vision
- Visual Acuity
- Contrast Sensitivity
- Field
- Depth Perception
- Color Vision
- Lighting/Sensitivity to Light/Glare
- Use of Eyeglasses/Eyeglass Tolerance Program
- Sunglasses/Hat/Visor
- Eye Protection

## O&M/MOBILITY ASSESSMENT

- Dates/Locations/Times of observations and activities observed  
Individual/Family/Caregiver/Clinical Staff Discussion/Interviews
- Human Guide/Modified Human Guide
- Trailing
- Protective Techniques
- Cane Use (long cane, support cane, adaptive mobility device)  
Wheelchair/Walker
- Motivators for movement

## O&M/ORIENTATION ASSESSMENT

- Dates/Times/Locations of Observations
- Fire Evacuation (route planning, timed trial)
- Positional/Spatial Concepts
- Mapping Skills
- Environmental Concepts
- GPS use

# COMS Assessment Format for Adults with ID (continued)

**Re:** INDIVIDUAL'S NAME

## ENVIRONMENTAL ASSESSMENT

- Dates/Times/Locations of Observations
- Lighting
- Color
- Contrast
- Walking Surfaces
- Handrails
- Stairs/Drop-offs/Ramps
- Furniture Placement
- Seating Needs

## TRANSPORTATION ASSESSMENT

- Dates/Times/Locations of Observations
- Car/Van Accessibility
- Para-Transit Use
- Public Transit Use (bus/train/subway)
- Ability to use cell phone
- Ability to advocate for self
- Orientation skills

## STAFFING CONSIDERATIONS

- Staff availability/needs in all environments
- Staff availability/needs to support individual's skill development
- Staff knowledge of resources for individuals with vision loss
- Staff motivation/encouragement in supporting use of O&M skills and resources in all environments

# COMS Assessment Format for Adults with ID (continued)

**Re:** INDIVIDUAL'S NAME

## RECOMMENDATIONS

1. Vision
2. Mobility / Mobility Plan
3. Orientation
4. Environment
5. Transportation
6. Staffing
7. Resource Information
8. In-Service Training
9. Transition Plan
10. Service Delivery Type
11. Next Evaluation to be completed in \_\_\_\_ months/year(s).