HOPSA Dress Observation Form

Adapted from a form developed by Penrickton Center for Blind Children

Child: Observer:
Date: Activity Time:

1. What size HOPSA Dress did you use? *(circle one)*
   - [ ] Small
   - [ ] Medium
   - [ ] Large

2. Did you use a pad?
   - [ ] Yes
   - [ ] No

3. Which track was the child on? *(circle one)*
   - [ ] Straight track
   - [ ] Straight track by activity wall
   - [ ] H-Track

4. Was the child active?
   - [ ] Yes
     - How long did it take for the child to become active? ____________________________
     - How long did the student stay active? ____________________________
   - [ ] No

5. Was the child particularly motivated by what was placed under him/her?
   - [ ] Yes
   - [ ] Not
<table>
<thead>
<tr>
<th>Lists items under learner’s feet</th>
<th>Check more motivating items</th>
<th>What did learner do with item?</th>
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<tr>
<td>List items on front of HOPSA Dress</td>
<td>Check more motivating items</td>
<td>What did learner do with item?</td>
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6. Was the child able to keep his/her head up?
   - ☐ Yes (If yes, please note how long): __________________________
   - ☐ No
7. For most of the time while in the HOPSA dress how was the child’s head positioned?
   - Neutral or level (Approximately 0 degrees of flexion/extension)
   - Positioned (Flexed) toward the chest
   - Positioned (Extended) toward the back
   - Alternate position

8. If flexed or extended, how often could the child move the head back to a neutral/level position during the activity?

9. Were there any vocal or verbal interactions between the child and any adult?
   - Yes (If yes, when did the interactions occur and for what purpose?)
     ____________________________________________________________
   - No

10. Did the child vocalize during the activity?
    - Yes (If yes, what types of sound? Purpose of vocalization?)
      ____________________________________________________________
    - No

11. Did he/she cry?
    - Yes (If yes, note how long.): ________________________________
      ____________________________________________________________
    - No

12. Were the child’s feet blue and/or splotchy?
    - Yes
    - No

13. Did their feet turn pink with movement?
    - Yes
    - No

14. Did he/she pick up their feet? How high?
    - Yes (If yes, specify how high): ________________________________
    - No

15. How long was he/she in the HOPSA Dress? ________________________________
Comments:

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Figure 1 IDEAs that Work logo and disclaimer