Position Board Observation Form

Adapted from a form developed by Penrickton Center for Blind Children

Child:       Observer:
Date:        Activity Time:

1. What level of board did you use? *(circle one)*
   - Level 1 - Scratch
   - Level 2 – Grasp & Release
   - Level 3 – Grasp & Manipulate

2. Was the child active?
   - Yes
     - How long did it take for the child to become active? ________________________________
     - How long did the student stay active? ________________________________
   - No

3. Was the child particularly motivated by what was placed on the Position Board?
   - Yes
   - Not

4. 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

5. Did the child vocalize during the activity?
   - Yes (If yes, what types of sound? Purpose of vocalization?)

   ________________________________
   - No
<table>
<thead>
<tr>
<th>Lists items on Board (list top to bottom and left to right order)</th>
<th>Check more motivating items</th>
<th>What did learner do with item?</th>
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Comments:

Figure 1 IDEAs that Work logo and disclaimer