Resonance Board Observation Form

Adapted from a form developed by Penrickton Center for Blind Children

Child: Observer:  
Date: Activity Time:

1. What type of activity was the board used for? (circle one)
   - [ ] Independent Play
   - [ ] Interactive Play with Adult (list name of adult):

2. If this was interactive play with an adult, what educational treatments were utilized:
   - [ ] Offering
   - [ ] Imitation
   - [ ] Interaction
   - [ ] Sharing the Work
   - [ ] Consequences

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

4. Was the child particularly motivated by what was placed on the Resonance Board?
   - [ ] Yes
   - [ ] Not

5. 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
6. Did the child vocalize during the activity?

- Yes (If yes, what types of sound? Purpose of vocalization?)

- No

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<thead>
<tr>
<th>Lists items used during play</th>
<th>Check more motivating items</th>
<th>What did learner do with item?</th>
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