Support Bench Observation Form

Adapted from a form developed by Penrickton Center for Blind Children

Child:      Observer:
Date:       Activity Time/Length of session:

1. Did the child use a headrest?
   ☐ Yes
   ☐ No

2. Did the child lift his/her head independently?
   ☐ Yes (If yes, for how long and for how many times):
   ☐ No

3. Was the child able to keep his/her head in midline?
   ☐ Yes (If yes, please note how long):
   ☐ No

4. Was the child active?
   ☐ Yes
      How long did it take for the child to become active? ____________________________
      How long did the student stay active (move arms, legs, hands, feet)? ______________
   ☐ No

5. Was the child particularly motivated by what was placed under him/her?
   ☐ Yes
   ☐ Not

6. Did the child move his/her arms/hands?
   ☐ Yes
   ☐ No
7. Did the child move his/her legs/feet?
   - Yes
   - No

8. 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

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

<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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Comments:

Figure 1 IDEAs that Work logo and disclaimer