

## **Other Perceptualizing Aids Observation Form**

Adapted from a form developed by Penrickton Center for Blind Children

Child:

Observer:

Date:

## Activity Time:

1. What aid was used and how was it equipped?

Check piece used	Equipment	Materials used with equipment
	Activity Belt	
	Buncher	
	Echo Bucket	
	Elastic Board	
	Gloves / Wrist Scarf	
	Mobile / Tabletop Mobile	
	Pegboard Book	
	Tray / Board	
	Vest / Apron	

## 2. Was the child active?

**No** 

- 3. Was the child particularly motivated to be active by this piece of equipment and materials?
  - □ Yes □ No
- 4. Describe the behaviors observed with various materials and equipment:

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

Comments:



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Figure 1 IDEAs that Work logo and disclaimer