



## 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

Lists items under learner's feet	Check more motivating items	What did learner do with item?
List items on front of HOPSA Dress	Check more motivating items	What did learner do with item?

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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"This project is supported by the U.S. Department of Education, Special Education Programs (OSEP). Opinions expressed here are the authors and do not necessarily represent the position of the Department of Education."

Figure 1 IDEAs that Work logo and disclaimer