

## HOPSA Dress Observation Sheet

**Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Activity Time:** \_\_\_\_\_

1. What track was the HOPSA Dress suspended from? (Activity Wall or H Track)?  
\_\_\_\_\_

2. What type of activities were placed under the child's feet?

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3. What items were placed on the front of the HOPSA Dress?  
\_\_\_\_\_

4. Were there any other activities for the child to explore with their hands?  
\_\_\_\_\_

5. Was child able to raise his/her head and keep it up? For how long?  
\_\_\_\_\_

6. What leg/feet movement did you observe?  
\_\_\_\_\_  
\_\_\_\_\_

7. What arm/hand movement did you observe?  
\_\_\_\_\_  
\_\_\_\_\_

8. Did any adult provide verbal prompts or encouragement to the child?  
\_\_\_\_\_

9. Did child vocalize?  
\_\_\_\_\_

10. How long did it take the child to become active?  
\_\_\_\_\_

11. How long did the child stay active for?  
\_\_\_\_\_

12. Did the child appear particularly motivated by certain objects/textures under their feet?  
\_\_\_\_\_  
\_\_\_\_\_

13. Did the child appear tight or relaxed in the HOPSA Dress?  
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Other Observations:  
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