



Essef Board Observation Form

Adapted from a form developed by Penrickton Center for Blind Children

Child:

Observer:

Date:

Activity Time:

1. Where was the Essef Board placed or positioned and what materials were used with it?

2. Was the child active?

Yes

How long did it take for the child to become active? _____

How long did the student stay active? _____

No

3. 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

4. Did the child vocalize during the activity?

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

No

| Check all observed | Skills observed |
|--------------------|---|
| | Explored with feet or hands |
| | Pushed with legs or arms |
| | Kicked with legs and feet |
| | Sat on board |
| | Climbed on and off board |
| | Kneeled on board with support from wall, ladder, other support |
| | Attempted to stand on board with support from wall, ladder, other support |
| | Balanced and stood on board with support from wall, ladder, other support |

Comments:



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Figure 1 IDEAs that Work logo and disclaimer