



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

Lists items under learner's feet	Check more motivating items	What did learner do with item?
List items placed under the child's hands	Check more motivating items	What did learner do with item?

Comments:



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Figure 1 IDEAs that Work logo and disclaimer