



Multi-Function Activity Table (MFAT) Observation Form

Adapted from a form developed by Penrickton Center for Blind Children

Child:

Observer:

Date:

Activity Time/Length of session:

1. How was the child positioned?

- Supported sitting on floor
- Unsupported sitting on floor
- Seated in wheelchair

2. Did the child collect his/her own materials?

- Yes
- No
- Used materials previously provided and kept to return to later

3. Did the child participate in constructive play (building, sorting and categorizing, stacking, etc.)?

- Yes (If yes, describe): _____

- 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? _____
- No

5. Was the child particularly motivated the materials available?

- Yes
- Not

6. Did the child want to save his work to return to later or show to someone?

Yes

No

7. 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

8. Did the child vocalize during the activity?

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

No

Lists items provided to child	Check more motivating items	What did learner do with item?

Comments:



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Figure 1 IDEAs that Work logo and disclaimer