

OBSERVATION PROTOCOL

Virtual Reality Art for People with Disabilities

Observer's Name:

Date:

Time:

Location:

A. CLASS PARTICIPANTS AND CONFIGURATION

[illegible]

B. ART ACTIVITIES

Art Teacher (s):

1. Configuration within studio room: (free drawing of participant IDs around tables, art supplies, etc.)

2. Description of the studio room.

3. Types of art activities / tasks? (e.g. select paint, mix paint, fill paint container, paint with brush, etc.)
4. What materials / tools / objects are used?
5. Any other activities involved besides art?
6. What do the teacher (s) do during the art class?
7. How often do participants interact with teacher? describe interactions.

C. PARTICIPANTS' GESTURES AND ART

Describe how participants physically perform tasks.

[illegible]

D. PHOTOS OF PARTICIPANTS' GESTURES AND ART

Enumerate photos taken and caption relevant gesture or art.

Approved by the *anonymous* on July 16, 2018 for three years. Reference Number