**OBSERVATION PROTOCOL**

**Virtual Reality Art for People with Disabilities**

Observer’s Name:

Date:

Time:

Location:

**A. CLASS PARTICIPANTS AND CONFIGURATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant**  **ID** | **Short personal description** | **Gender (M/F)** | **Art activity** | **Notes on art making related to impairment, if visible** |
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**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.

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| --- | --- |
| Participant ID | Upper limb gestures (e.g. reach, grasp)  and body parts (fingers, hand, shoulders) |
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**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 ……