

# Observations Form & Activity Table

Observer: \_\_\_\_\_ Date \_\_\_\_\_ Client (Patient) \_\_\_\_\_

ICE Video Title: \_\_\_\_\_

<b>Focus</b>	<b>Observation</b> Describe <u>what you observe</u> ; what the patient is doing and how they do it; what the therapist is doing; etc
<b>1. Environment</b>	
<b>2. Appearance/ Position</b>	
<b>3. Balance</b>	
<b>4. Mobility/ Flexibility</b>	
<b>5. Cognition</b>	

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<b>Focus</b>	<b>Observation</b> Describe <u>what you observe</u> ; what the patient is doing and how they do it; what the therapist is doing; etc
<b>6. Perception</b>	
<b>7. Endurance</b>	
<b>8. Sensory Problems</b>	
<b>9. Motor Planning/ Problem Solving</b>	
<b>10. Patient's Attitude and Motivational Level</b>	
<b>11. Level and kind of assistance given</b>	

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Occupation (Task)	Performance Skills	Client Factors