

Samonas Weekly Observation Form

Make copies of original;
send completed form every
week.

Name of Participant: _____ Phone #: _____

Week: _____

CD# _____ Listening time (per session) _____ min. Headphones _____ Speakers _____
CD# _____ Listening time (per session) _____ min. Headphones _____ Speakers _____

Observations:

_____ change in temperament or mood _____ change in toileting _____ anxiety
_____ change in facial color/temperature _____ increased tiredness _____ perspiration
_____ improved alertness/focus _____ physical discomforts _____ happier
_____ changes in eating or sleeping habits _____ enjoyed the selection _____ calmer

Look for subtle changes and document here. Give details of observations checked above:

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