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| **Observation Form** |
| Name of the object that your group observed: |

**Describe the object:**

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| What size is it?  (height, weight, length, width) | Describe the object make a sound? |
| What color is it? | Who would use this object? |
| What shape is it? | What other objects in the room are similar to this one? |
| What is it made of? | What does this object smell like? |
| What does it feel like to touch this object? |  |