

My Place and Space Test

Name: _____ Date: _____ Test # _____

Where are you and what are you doing?

Think about how you feel and experience this place as you answer the following questions:

Draw a picture of a person or a face that illustrates how you feel while wearing the shield.

Describe any differences in the way you act or feel when you have the shield on, compared to when you are without the shield.

Think about the differences between how you view the same place with and without the shield. Do your feelings about the space change when the shield encroaches (advances on and limits) your view?

- If your answer is yes, how?
- If your answer is no, why do you suppose that is?

How does your spatial orientation (your position or movement in relation to your surroundings) change when you have the shield on?

