

## Active Or Passive

Watch the conversation between your teacher and a classmate. Make a mark in either the active or passive column each time your teacher demonstrates these listening behaviors.

	Active	Passive
Total		

## HOW AM I LISTENING?

Name of listener:

Date:

Name of observer:

Activity	1	2	3	Did the listener demonstrate:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Eye contact:</b> look into eyes while listening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interest in person:</b> face person and lean forward
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Encouraging facial expressions:</b> nodding, smiling or looking serious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Correct voice tone:</b> pleasant or serious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Open posture:</b> hands, arms, feet and legs open not crossed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Focus on the speaker:</b> not distracted or multi-tasking

