

Assessment:

Personality

Activity Level

Sensory Needs (Circle All That Apply)

Speed/ Movement Resistance Pressure

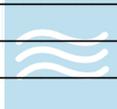
Noise Level (Quiet, Background Music, Noisy)

Small Spaces Oral (Suck, Chew, Breathe)

Values/ Interests/ Preferences

1. _____
2. _____
3. _____
4. _____
5. _____

Tools for Optimal Self Regulation:

Energize			Restore		
1.	_____		1.	_____	
2.	_____		2.	_____	
3.	_____		3.	_____	
4.	_____		4.	_____	
5.	_____		5.	_____	
6.	_____		6.	_____	

Sensory Lifestyle and Routines:

Supportive Chores

1. _____
2. _____
3. _____
4. _____
5. _____

Routine (Best Times of Day)

Attention/ Focus: _____

Activity: _____

Homework/ Studying: _____

Supportive Leisure

1. _____
2. _____
3. _____
4. _____
5. _____