

Name: _____

Date: / /

Who is in the team? _____

<u>VISION</u>	<u>SOUND</u>	<u>TOUCH</u>	<u>ORAL SENSORY</u>	<u>SMELL/TASTE</u>	<u>MOVEMENT (VESTIBULAR)</u>	<u>BODY (PROPRIOCEPTION)</u>
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Problems with Participation

Are you sure it's sensory? YES / NO If YES, approach with a sensory lens, If NO, alternative assessment or intervention

<u>Bystander</u>	<u>Seeker</u>	<u>Avoider</u>	<u>Sensor</u>
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Is good autism practice in place? (structure, routine, predictability, visual supports etc.)

Proactive Strategies:

Environmental changes

Sensory activities

Teaching Coping Strategies:

Logistics:

Where, when, how??

Plan Review Date:

Name: _____

Date: / /

Who is in the team? _____

May include family, teachers, employers, therapists, friends

<p><u>VISION</u></p> <p>Prompts: Bothered by lighting, seek or avoid visual input, miss key visual details, tune into irrelevant details?</p>	<p><u>SOUND</u></p> <p>Prompts: bothered by certain sounds, make noises, seek out particular sounds, trouble with background noise?</p>	<p><u>TOUCH</u></p> <p>Prompts: seeks certain touch, upset by touch eg grooming, enjoys tickle or massage, wants to remain in control of touch?</p>	<p><u>ORAL SENSORY</u></p> <p>Prompts: chewing non-food items, prefer crunchy or soft food, avoid putting things in their mouth.</p>	<p><u>SMELL/TASTE</u></p> <p>Prompts: seeks out smells, avoids certain smells.</p>	<p><u>MOVEMENT (VESTIBULAR)</u></p> <p>Prompts: seeking movement constantly, likes to spin or be upside down, poor balance, fear of feet off the ground.</p>	<p><u>BODY (PROPRIOCEPTION)</u></p> <p>Prompts: constantly bumping into things (accident or on purpose), seeks/enjoys heavy work activities.</p>
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Problems with Participation

Difficulties with participation in daily life which may be sensory eg. self care, school or work, community activities etc.

Are you sure it's sensory? YES / NO

If YES, approach with a sensory lens, If NO, alternative assessment or intervention

<p><u>Bystander</u></p> <p>Misses environmental cues, not bothered by environment (eg. Loud noises or visual stimuli), not actively engaged with environment, may appear lethargic, sedentary or clumsy.</p>	<p><u>Seeker</u></p> <p>Actively seeks out sensory input such as running, jumping, climbing, spinning, may bang objects, touch things constantly, need to mouth things.</p>	<p><u>Avoider</u></p> <p>Actively limiting sensory input, distressed by certain sensory input (eg. noises, touch), avoids activities or people, seeks to keep the environment the same, may exclude themselves from activities.</p>	<p><u>Sensor</u></p> <p>May be distressed by sensory input but not take active steps to avoid, fine attention to detail, may appear nervous around sensory input.</p>
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Is good autism practice in place? (structure, routine, predictability, visual supports etc.)

<p><u>Proactive Strategies:</u></p> <p><u>Environmental changes</u></p> <p>Make cues more obvious, make the environment more predictable, allow the child to have some control over their environment, allow escape from the environment at times (headphones, tent, quiet corner etc.), forewarn and prepare for overwhelming environments (lights and noise)</p> <p><u>Sensory activities</u></p> <p>Allow opportunities to seek sensation in line with sensory needs throughout the day (eg. Regular movement breaks), fidget items, incorporate movement into other activities (eg. Movement songs, walking meetings)</p>	<p><u>Teaching Coping Strategies:</u></p> <p>Teach self-regulation strategies such as identifying when sensory input is becoming too much, and how to take appropriate steps to get away.</p> <p>Teach strategies to help a person prepare themselves for a demanding sensory environment.</p>	<p><u>Logistics:</u></p> <p><u>Where, when, how??</u></p> <p>Where and when will environmental modifications be implemented, who will assist with this, which sensory activities will be trialled, when and how will this happen, how will this be evaluated, who will teach coping strategies, where will we find the resources that are needed. (Put this on a checklist)</p> <p><u>Plan Review Date:</u></p>
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