# Sensory Needs Assessment Summary

<table>
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<tr>
<th>Name __________________________</th>
<th>Date __________________________</th>
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<tbody>
<tr>
<td>Teacher/School ____________________</td>
<td>Medical/Educational Diagnosis ____________________</td>
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## Summary of Standardized Assessment Results:

<table>
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<tr>
<th>Sensory Modulation</th>
<th>Touch</th>
<th>Auditory</th>
<th>Proprioception</th>
<th>Visual</th>
<th>Olfactory</th>
<th>Gustatory</th>
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**Environment/setting:** Briefly summarize the effect of the child’s environment (i.e. one-on-one vs. full class) and setting (home/school/playground/etc.) in regard to his/her sensory modulation ability.

## Target Behaviors

List three specific target behaviors that will be tracked to determine effectiveness of sensory diet.

1. 
2. 
3. 
Sensory Diet Plan

Name _____________________________ Date ________________________
Teacher/School ________________________________________________
Medical/Educational Diagnosis ____________________________________

Target Behavior #1
Based on assessment results, is the behavior sensory seeking or sensory avoiding?

On an intensity scale of 1 (barely any) to 10 (extreme), rate the intensity of the sensory feedback provided by the behavior:

In what setting/environment/time of day is the behavior typically displayed or displayed the most frequently?

Target Behavior #2
Based on assessment results, is the behavior sensory seeking or sensory avoiding?

On an intensity scale of 1 (barely any) to 10 (extreme), rate the intensity of the sensory feedback provided by the behavior:

In what setting/environment/time of day is the behavior typically displayed or displayed the most frequently?

Target Behavior #3
Based on assessment results, is the behavior sensory seeking or sensory avoiding?

On an intensity scale of 1 (barely any) to 10 (extreme), rate the intensity of the sensory feedback provided by the behavior:

In what setting/environment/time of day is the behavior typically displayed or displayed the most frequently?
Sensory Diet Plan

Name_____________________________       Date ______________________
Teacher/School______________________________________________________
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Target Behavior #

Behavior:

What **behavioral strategies** have been tried and what were the results?

In what **setting/environment/time of day** is the behavior typically displayed or displayed the most frequently?

Based on assessment results, is the behavior most likely **sensory seeking, sensory avoiding, or due to under-responsiveness to sensory input**? (If the answer is under-responsivity, skip to the environmental modifications section.)

What **sensory systems** are possibly being fed by this behavior?

On an **intensity** scale of 1 (barely any) to 10 (extreme), rate the intensity of the sensory feedback provided by the behavior:

List appropriate **modulation activities** for each sensory system driving this behavior. Make sure the activities match the intensity of input from the targeted behavior.

List **environmental modifications** that could help.

Based on assessment results and caregiver recommendations, which sensory diet tool/s will be most effective in helping the child learn to replace this behavior with **self-modulation strategies**?

- Structured teaching programs such as “The Alert Program” or “My Sensory Book” in either a group or individual setting
- Sensory diet visual tools, such as SticKids, or a sensory diet tool created with PECS or other visual aids
- Verbal strategies – prompts/reminders/feedback

For this behavior, do the sensory diet **tools** need to be available in all settings and throughout the entire day?

If not, what settings or times of day will the **tools** be available to the child?