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| VISUAL | NOTES |
| Consider: * Is the pupil particularly sensitive to bright light, i.e. dislikes sunny days? Prefers sunglasses? Likes the curtains to be shut?

And/or:* Does the pupil seek out visual patterns, i.e. spinning lights, observing things closely, looking at objects through other objects?
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| AUDITORY | NOTES |
| Consider:* Does the pupil find some sounds difficult to tolerate, such as hand driers or noisy environments? Do they have difficulty filtering unwanted sounds?

And/or:* Does the pupil have difficulty regulating their tone of voice? Do they find it difficult to recall a series of instructions?
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| TACTILE (Touch | NOTES |
|  Consider:* Does the pupil find unexpected touch difficult? Are they sensitive to the textures of clothing?
* Do they avoid messy play or have difficulty ouching certain textures?
* Are they over sensitive to pain, responding significantly to seemingly small injuries?

And/or:* Do they touch everything around them?
* Do they like tight hugs?
* Do they seem to have a high pain threshold, where significant injuries do not seem to register?
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| VESTIBULAR (BALANCE) | NOTES |
| Consider:* Does the pupil constantly and frequently seek movement?
* Do they like to climb?
* Do they frequently lean against the chair/floor/wall?

And/or:* Is the pupil reluctant to use climbing equipment?
* Are they overly cautious on slippery surfaces?
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| PROPRIOCEPTION (AWARENESS OF BODY POSITION AND MOVEMENT) | NOTES |
| Consider:* Does the pupil have difficulty knowing how much pressure to use, for example when hugging, or when drawing?

And/or:* Do they touch everything around them?
* Do they struggle to maintain personal space?
* Do they like tight hugs?
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| GUSTATORY AND OLFACTORY (TASTE AND SMELL) | NOTES |
| Consider:* Does the pupil have an extreme dislike of certain tastes or smells?
* Do they prefer bland/plain food?
* Do they have a limited range of safe food?

 And/or:* Do they chew on non-food items?
* Do they like to sniff things/food to process them?
* DO they seek strong flavours such as salty or spicy food?
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| OTHER | NOTES |
| Please add any additional information that may be sensory in nature or relevant to the pupil’s presentation, e.g., the pupil is short sighted and wears glasses, or they wear a hearing aid.  |  |