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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? |  |
| 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? |  |
| 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? |  |
| 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? |  |
| 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? |  |
| 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. |  |