1. **Step 2: Identification of Sensory Processing Needs WORKSHEETS**

5.6 My Sensory Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | Click here to enter text. |  | **Date:** | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sense** | **Description e.g.**  **Sensory Seeking / Under Responsive / Over Responsive** | **Strategies/Activities to be used** | **Review** | |
| Proprioception | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |
| Tactile | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |
| Vestibular | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |
| Hearing (Auditory) | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |
| Taste (Gustatory) | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |
| Smell (Olfactory) | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |
| Vision | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |