

Name of Child: _____ Date of Birth: _____

SMELLS

Smells that make me Happy:

Smells that make me sad:

TASTE

I really like to taste:

I do not like to taste:

MULTI-SENSORY

Multi-sensory equipment I like:

Multi-sensory I do not like:

The lighting should be:

I like to relax by: (bed, story, positive touch, music etc.)

MY VISION

I like to look at:

To help me see I need:

I do not like:

Name of child: _____ Date of Birth: _____

MY HEARING

I like to hear and listen to:

To help me hear I need:

I do not like to hear:

TOUCH

The touch I like from other people:

I like to feel:

I do not like the touch of:

Am I allergic to animals?

ARTS AND CRAFTS

The arts and crafts that I enjoy are:

The arts and crafts that I do not enjoy are: