

## **Parent Sensory Tools Survey**















Hearing

Seeing

Touching

Moving

Smelling

Muscles

Mouth

## Complete with $\underline{all}$ of these categories in mind

1.	. To help me wake up in the morning, I usually need to	
	(take a cold shower, drink hot coffee, take a brisk walk)	
2.	When I prepare for bed or to calm myself, I prefer to  (eat a snack, turn the lights down, listen to music or TV, snuggle under a blanket)	
	(cata shack, tarn the lights down, listen to made of 14, shaggic under a blanket)	
3.	What I like about my home is (cozy or open spaces, large windows, soft or firm furniture, scents of candles or potpourri)	
4.	When I am frustrated or upset, it helps to (go to the gym, take a walk, sit on the porch, listen to music, go to my room and close the door, take a bath, curl up and read a book, call a friend)	

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5.	When I need to read or study, I prefer to
	(sit at a table, lounge on the couch, use a rocking chair)
6.	When I need to concentrate, the environment I create includes
	(quiet or music, food and/or drink, bright or dim light, solitude or others around)
7.	When I need to listen at the meeting, I usually find myself
	(doodling, playing with small objects like paper clips or pens, chewing on pencils, pens or straws,
	snacking, drinking coffee or soda)

You may also find it very helpful to speak with your child and other family members about these situations. How similar or different are your sensory needs?

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