

Sensory Considerations Parent Questionnaire

Child's Name _____

Child's Age _____

Parent/Guardian Name Who Is Completing This Questionnaire _____

May I call you for more information? Yes No If yes, at what number? _____

SIGHT

How close or far away should your child be from me, the chalkboard or whiteboard, or displays? _____

Is your child affected by the lighting in a room? Yes No

If so, how? _____

Can decorations or displays be overstimulating or distracting? Yes No

If so, in what ways? _____

What does your child enjoy looking at? _____

Does your child need visual cues or reminders, such as a visual schedule? Yes No

If so, what cues or reminders do you use? _____

HEARING

How close or far away should your child be from me in order to hear well? _____

Does your child become stressed with noise from other children or music? Yes No

If so, what noises? _____

What "white noises," if any, does your child find soothing? _____

SMELL

Do certain materials, such as modeling clay, have smells that cause stress or unpleasantness? Yes No

If so, which ones? _____

Do certain rooms have smells that cause stress? Yes No

If so, which rooms? _____

What scents, if any, does the child find pleasing? _____

TASTE

What foods should be avoided due to allergies or dietary restrictions? _____

Sensory Considerations Parent Questionnaire *(continued)*

Do certain food textures or tastes cause your child stress or unpleasantness? Yes No

If so, which ones? _____

* If needed: When practicing to receive Holy Communion, what food might I pair (with permission from parish leadership) with the unconsecrated host to help your child become comfortable receiving it? _____

TOUCH

Which textures might be unpleasant for your child to touch? _____

Are certain textures soothing? Yes No

If so, which ones? _____

Is your child drawn to certain textures that should not be used? Yes No

If so, which ones? _____

Does your child have difficulty understanding when or how to touch things or people? Yes No

If so, under what circumstances? _____

Does your child like to feel air circulating or does he or she like to work in a room that is still? _____

TEMPERATURE

Is your child fidgety or lethargic if the room is too cold or too warm? _____

What is the ideal temperature for the room? _____

SENSE OF BALANCE

What gross motor activities should be avoided due to your child's sense of balance? Please explain.

What gross motor activities does your child like and will help him or her learn?

BODY AND LIMB AWARENESS IN SPACE

What gestures or movements might be difficult for your child to perform?

Sensory Considerations Parent Questionnaire *(continued)*

What gestures or movements might cause your child to feel self-conscious or embarrassed?

What activities or games include gestures or movements that might be fun for your child or build his or her self-esteem?

PAIN TOLERANCE

How sensitive is your child to pain? What activities should I avoid that might be physically painful to him or her that may not be readily apparent?

If your child doesn't react to seemingly painful circumstances, how can I protect him or her from harm?

SENSE OF TIME

What activities might cause your child to lose track of time or lose the point of the lesson by becoming overly engrossed?

What activities does your child really enjoy and can spend quality time doing?
