

_____ 's At-Home Plan!

What times/activities per day does your child seem most dysregulated?

1.

2.

3.

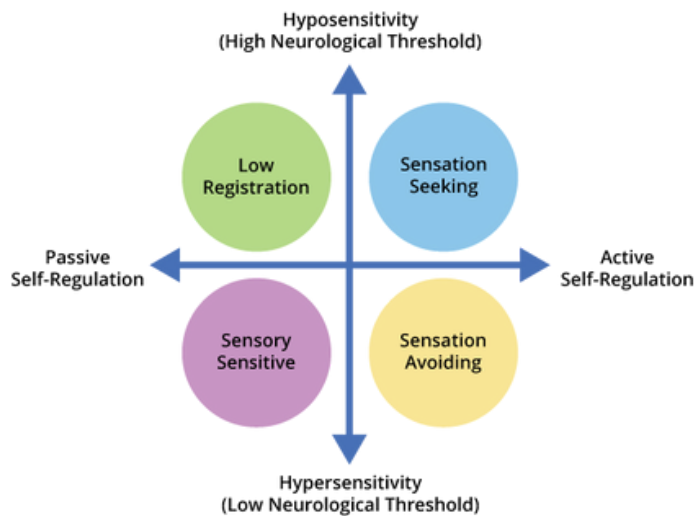
Starting point: Pick your priority & most feasible time of day to implement!

1. Do _____ (sensory activity) for _____
(minutes) BEFORE _____ (dysregulating time/activity).

2. Do _____ (sensory activity) for _____
(minutes) BEFORE _____ (dysregulating time/activity).

3. Do _____ (sensory activity) for _____
(minutes) BEFORE _____ (dysregulating time/activity).

Activities for _____'s Sensory Diet



Sensation Seeking (high threshold/ active behaviors)

Low Registration (high threshold/ passive behaviors)

Sensation Avoiding (low threshold/ active behaviors)

Sensory sensitive (low threshold/ passive behaviors)