






















# SENSORY PROFILE

Using materials that are already in your environment, choose three to connect to each of the senses represented. Personalize based on child's interests or needs.

Child's Name \_\_\_\_\_

Date Administered \_\_\_\_\_

| Item Description | Sensory Area   | Distressed<br>① | Uncomfortable<br>② | Neutral<br>③ | Calming<br>④ | Interested<br>⑤ | Stimulated<br>⑥ |
|------------------|--|-----------------|--------------------|--------------|--------------|-----------------|-----------------|
| 1                | Visual            |                 |                    |              |              |                 |                 |
| 2                | Visual            |                 |                    |              |              |                 |                 |
| 3                | Visual            |                 |                    |              |              |                 |                 |
| 4                | Auditory          |                 |                    |              |              |                 |                 |
| 5                | Auditory          |                 |                    |              |              |                 |                 |
| 6                | Auditory          |                 |                    |              |              |                 |                 |
| 7                | Tactile           |                 |                    |              |              |                 |                 |
| 8                | Tactile           |                 |                    |              |              |                 |                 |
| 9                | Tactile           |                 |                    |              |              |                 |                 |
| 10               | Gustatory         |                 |                    |              |              |                 |                 |
| 11               | Gustatory       |                 |                    |              |              |                 |                 |
| 12               | Gustatory       |                 |                    |              |              |                 |                 |
| 13               | Olfactory       |                 |                    |              |              |                 |                 |
| 14               | Olfactory       |                 |                    |              |              |                 |                 |
| 15               | Olfactory       |                 |                    |              |              |                 |                 |
| 16               | Vestibular      |                 |                    |              |              |                 |                 |
| 17               | Vestibular      |                 |                    |              |              |                 |                 |
| 18               | Vestibular      |                 |                    |              |              |                 |                 |
| 19               | Proprioceptive  |                 |                    |              |              |                 |                 |
| 20               | Proprioceptive  |                 |                    |              |              |                 |                 |
| 21               | Proprioceptive  |                 |                    |              |              |                 |                 |

## Scale Key:

- 1 = Distressed - highly agitated, dislikes sensory input intensely.
- 2 = Uncomfortable - irritated and avoiding sensory experiences.
- 3 = Neutral - neither upset nor excited; indifferent.
- 4 = Calming - feeling soothed, decreasing agitation, beginning to relax.
- 5 = Interested - alert, engaged, and responsive to sensory input.
- 6 = Stimulated - excited, escalated, and seeking more sensory input.

**BECKER'S**®

## Welcome to the Classroom!

This document is designed to be used to gather information about the children in your classrooms. It will provide you with important information to help you build a relationship with each and every child and family. Below are some ideas for how to use the child information sheet.

1. The information sheet can be sent home to families with a welcome letter and the logistical information that families might need about the program or school year (e.g., start time, parking, pick-up, meals). Ask families to bring it with them or send it in with their child.
2. Translate the document into the home languages of families in your program.
3. Regard the information as private and resist the temptation to post the forms unless you specifically ask families for permission to share certain pieces of information
4. If you have an event before the start of the program year (e.g., open house), you might complete the sheet as you have conversations with families. Do this as a conversation, but let the family see that you are writing down their answers. Then, ask follow-up questions to get to know the family and child better. Or better yet, ask the families how they would prefer to provide the information.
5. If you do not receive a form back from a family, consider scheduling a phone call where you might ask these questions. Below is a suggestion for structuring the call.

*"Hi, I am your child's teacher, (name). I am so pleased to talk with you and to welcome you and your child to our class. This call is to share a little information about myself and learn more about your child. "*

*[Share information about yourself, it might be how long you have worked in the program, where you live (town or part of town), information about your family (children or not), and your goals for the children in your class.]*

*"Tell me one special thing about your child that you want me to know." [Wait for response.]*  
*"What else do you want me to know about your child?" [Wait for a response.]*

*[Follow up with any of the questions on the form that the family has not addressed. Thank the caregiver for sharing the information and let them know how much you are looking forward to working with their child.]*

# All About My Child

**Instructions:** Fill in the blanks with the information you want to share with your child's teacher. Add a photo if you have one.

My child's name is:

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My child likes to be called:

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Some things I want you to know about my child are:

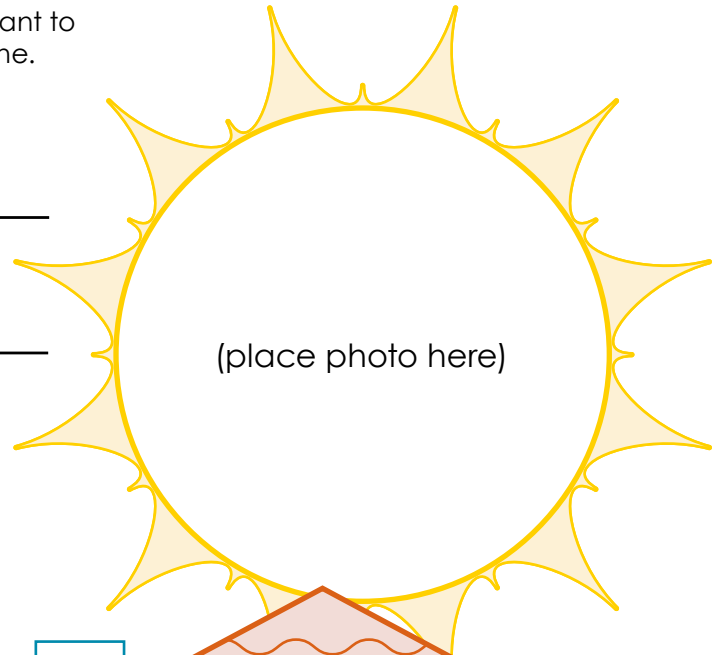
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My child lives with (people, pets):

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The languages my child hears at home are:

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My child loves (tell me about toys, activities, or favorite things):

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Things I hope my child will learn in the next year:

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My child has a difficult time when (tell me what might frustrate your child):

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To help my child calm down or feel better, you can:

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# All About My Child

**Instructions:** Fill in the blanks with the information you want to share with your child's teacher. Add a photo if you have one.

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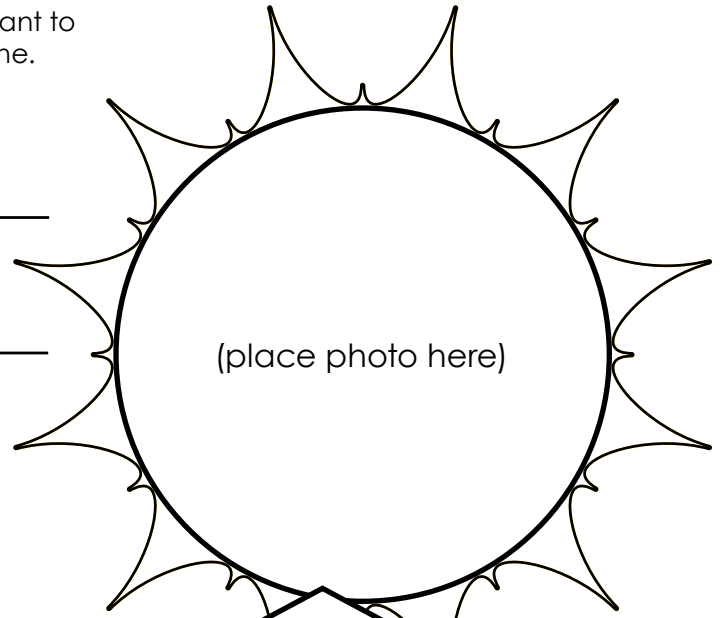
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(place photo here)

My child lives with (people, pets):

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The languages my child hears at home are:

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My child loves (tell me about toys, activities, or favorite things):

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Things I hope my child will learn in the next year:

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