



Sensory Passport	<i>Name:</i>		<i>Date created:</i>	
	<i>DoB:</i>		<i>Date for review:</i>	

My sensory needs:

Under responsive to:

Over responsive to:

Sensory Motivators:**Sensory Triggers:****Sensory Adaptations:**

Environmental:

Individual:

Sensory Strategies:**Signs I am becoming dysregulated:**