



Sensory Passport	<i>Name:</i>		<i>Date created:</i>	
	<i>DoB:</i>		<i>Date for review:</i>	3 monthly

My sensory needs:

Under responsive to:

-

Over responsive to:

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Sensory Motivators:

Sensory Triggers:

Calming & Regulating Sensory Strategies:

Deep pressure:

-

Heavy muscle work:

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Supporting Sensory Needs:

Nursery:

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Home:

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Signs I am becoming overwhelmed:

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