|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sensory Passport / Plan** | *Name:* |  | *Date created:* |  |
| *DoB:* |  | *Date for review:* |  |

photo

Important to know!

**Sensory Activities**

**Sensory Support**

Environmental:

Individual:

**Sensory Dislikes**

**Sensory Likes**