



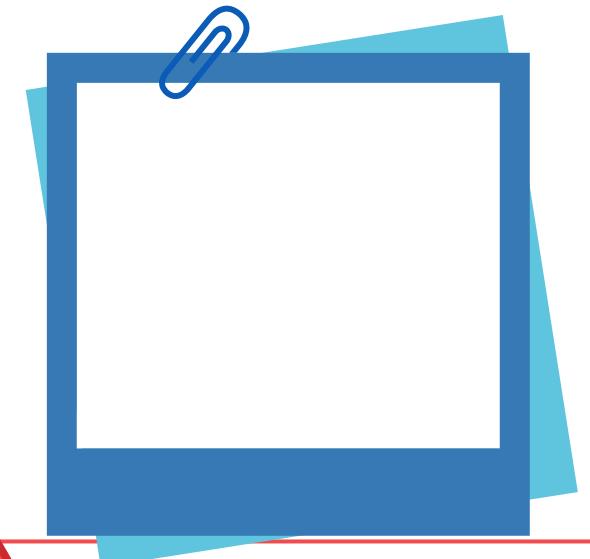
MY SENSORY PASSPORT

Name:

Date Created:

Review Date:

Form:



Sensory Priority 1:

When / Where this happens:

Adult Response

Early Signs I need support

Agreed Supports

Sensory Priority 2:

When / Where this happens:

Adult Response

Early Signs I need support

Agreed Supports

Sensory Priority 3:

When / Where this happens:

Adult Response

Early Signs I need support

Agreed Supports



Early Signs I Am Becoming Overloaded

You might notice:

To prevent escalation:

What Adults Should Do