



# PRE-SESSION

## SENSORY LEARNING<sup>SM</sup> CHILD PROFILE

This information will be treated confidentially.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

We would like this form to give us a present overall picture of your child as they are beginning the Sensory Learning<sup>SM</sup> Program so that we can best conduct the program.

### Contact Information

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Age: \_\_\_\_\_

Please tell us about where you're child's speech and language development is currently. (i.e. non-verbal, articulation issues, conversational skills, etc)



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Please describe any present auditory issues. (i.e. sensitivities, receptive language skills, understanding verbal multi-step directions, etc)

Please describe any present visual issues. (i.e. light sensitivity, eye tracking problems, glasses/contacts, quality of eye contact, etc)

Please describe present vestibular/ motor issues. (i.e. low muscle tone, poor balance, gravitationally insecure, tactile defensiveness, poor coordination, etc)



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Please describe any history of events that you feel are affecting your child's abilities today. (i.e. any pregnancy issues, prenatal stresses, hospitalizations, surgeries, injuries, traumas, accidents/falls, regression from immunization, if the mother received Rhogam shots, etc)

### Current Health Concerns

Diabetic:

Epilepsy:

Food Allergies:

Other:

What diagnoses/syndromes/labels have been offered? Please elaborate.



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Please share any current medications that your child is taking?

Please explain findings, if any, of blood panels, lab tests, chelation/detox procedures, dietary modifications, supplements, etc.

Please share if your child is presently receiving any special education services? Is IEP in place?  
Classroom aid provided?

Please describe child's overall behavior. (i.e. overwhelmed easily, self-stemming behaviors, aggressive tendencies, frequent tantrums, ability to express emotion, obsession with routine and repetitive patterns, hyper active, etc)



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### Hoped-for benefits before participation in the Sensory Learning™ Program

Please elaborate in the following areas:

1. Activity Level/Sleep Patterns:
2. Sensory Integration/Motor Skills:
3. Speech/Language Skills:
4. Perceptual/Cognitive Skills:
5. Personal/Social Skills:
6. Emotional/ Behavioral Changes:

**Additional comments-**