

Sensory Learning Program 12 Day Daily Questionnaire

NAME: _____ Date: _____

What is the current activity level (hyper / mellow / varies / etc.)?

How is the current sleeping situation (gets to sleep well / poorly; stays asleep well / poorly)?

Are there any current sensory issues (problems with/ better with loud noises, bright lights, touch, etc.)?

How are the current motor skills (clumsy / graceful / varies / etc.)?

How are the current speech/language skills (not understandable / understandable; (not) able to get to the point; etc.)?

How are current cognitive or perceptual skills ((not) able to understand instructions; (not) able to reason through activities; etc.)?

How are current personal/social skills ((not) able to get point across; (not) able to understand social situations; etc.)?

How are current emotional skills (calmer / more emotional; less / more outbursts; etc.)?

How are current behavioral skills (getting into more/less trouble; helping or sharing more/less; etc.)?

How are current self-care skills (better/worse hygiene; better/worse clutter in room; etc.)?