



## Sensory Learning Post-Program Survey

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Overall, do you feel that the Sensory Learning Program resulted in beneficial improvement for the participant in the following areas?

- |   |  |
|---|--|
| Perception of people, places and things | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Understanding of complex concepts       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ability to learn new information        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For Questions 1-10, please pick one answer A-E. If the question is not relevant to your reasons for participating in the Sensory Learning Program, please select choice E.

A) Significantly Helpful    B) Moderately Helpful    C) Mildly Helpful    D) No Effect    E) Does Not Apply

1. \_\_\_ The Sensory Learning Program was helpful
2. \_\_\_ Behavior and emotional responses (i.e. mood, anxiety, disposition)
3. \_\_\_ Reading comprehension and verbal expression (i.e. understanding what was read)
4. \_\_\_ Balance and coordination/ equilibrium (i.e. jumping, climbing, etc.)
5. \_\_\_ Concentration and attention to task (i.e. increase in focus, less distractibility)
6. \_\_\_ Language development (i.e. increase in use of complex sentence structure)
7. \_\_\_ Reduced transition difficulty (i.e. easier to move between activities)
8. \_\_\_ Eye contact (i.e. looking at individuals who are speaking)
9. \_\_\_ Reduced self-stimulating behaviors (i.e. decrease in interest of spinning objects)
10. \_\_\_ Compliance (i.e. more easily redirected)

Please give a brief summary of your experience with the Sensory Learning Program. Please check the box below if we may use your comments as a testimonial to other clients considering the Sensory Learning Program. In the event that your testimonial is selected for use, identifying information will be strictly limited to your initials, town, and State (i.e. K.V., Evergreen, CO).

The following information may be used as a testimonial. \_\_\_\_\_  
Testimonial permission signature

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If more space is needed, please use the back of this page or attach additional sheets.

Thank you. We appreciate that you have taken the time to provide us with this follow up information about your Sensory Learning experience.

\_\_\_\_\_  
 Printed name of person completing form

\_\_\_\_\_  
 Date completed