

Canned Interventions

SENSORY

PROGRESS MONITORING

Student _____

Date _____

Before Sensory I feel: (check one)

	Hyper			Tired	
	Mad			Calm	
	Shy			Happy	
	Sad			Other:	

While in Sensory I used: (circle each used)

Fiber optic	Eraser	Ball	Ear plugs	Play Dough
Gel Pack	Kaleidoscope	Thera Band	Bean Bag	Roller
Maze	Mitt	Card	Other:	Other:

After Sensory, I feel: (check one)

	Hyper			Tired	
	Mad			Calm	
	Shy			Happy	
	Sad			Other:	

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