

Sensory Preferences checklist

My Sensory Preferences

MY NAME: _____

DATE: _____

SENSORY AREA	What calms or soothes me	What alerts / energises me	What aggravates or distresses me
Visual			
Sound / Hearing			
Touching / Being touched			
Smelling			
Tasting			
Movement / Pressure			

Examples to assist exploration in each area:

1. VISUAL: Photos, TV / DVD, painting, drawing, reading, crafts, colours, nature, light / darkness, computer games
2. HEARING: TV, radio, CDs, nature sounds, silence, background noise, music, singing, talking books, volume, tone, accents
3. TOUCH: Firm or light touch on skin, massage, clothing, temperature, shower / bath, pets, handcrafts, sand, clay, textures
4. SMELLING: perfumes, essential oils, incense, herbal teas, nature smells such as scented plants, rainforest, mown grass
5. TASTING: Food, sweet / sour / salty, texture, cold / hot, lollies, milky
6. PRESSURE and MOVEMENT: Walking, jogging, running, sport, skipping, deep pressure massage, swinging, rocking in a hammock / rocking chair, dancing, using stress ball, lifting weights, yoga, zumba

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