**Sensory Action Plan**

Sensory Action Plan for [Individual's Name]  
Date: [Date of Plan Creation]  
  
**Assessment Information**  
Assessment Date: [Date of Assessment]  
Assessor: [Name of Assessor]  
Assessment Tools Used: [List of assessment tools]  
Areas/senses identified with difficulties

|  |  |
| --- | --- |
| Sense | Score |
| Visual |  |
| Auditory |  |
| Tactile |  |
| Olfactory |  |
| Proprioception |  |
| Vestibular |  |

**Goals**  
**1.     Sensory Processing Goal:** [Specific goal related to sensory processing, e.g., Improve self-regulation skills during transitions.]

**Objective 1**:  
Action steps*:[List specific interventions or strategies to achieve the objective.]*Timeline: *[Specify timeline for implementing the action steps.]*

**2.     Sensory Integration Goal:** [Specific goal related to sensory integration, e.g., Increase tolerance to tactile input.]

**Objective 1:**  
Action steps: *[List specific interventions or strategies to achieve the objective.]*Timeline: *[Specify timeline for implementing the action steps.]*

3.     **Functional Goal:** [Specific goal related to functional skills, e.g., Improve participation in classroom activities.]

**Objective 1:**  
Action steps: *[List specific interventions or strategies to achieve the objective.]*  
Timeline: *[Specify timeline for implementing the action steps.]*

**Interventions and Strategies**:

**1.     Environmental Modifications:**  
[List changes to the individual's environment to support sensory needs, such as adjusting lighting, noise levels, seating arrangements, etc.]

**2.     Sensory Diet:**  
[Outline a schedule of sensory activities and experiences tailored to the individual's sensory preferences and needs, including activities for regulation, stimulation, and relaxation.]

3**.     Sensory Integration Therapy:**  
[Describe specific sensory integration activities or techniques to address sensory processing challenges, such as therapeutic brushing, swinging, deep pressure activities, etc.]

4.     **Educational Support:**  
[Detail accommodations or modifications in educational settings to support the individual's sensory needs, such as preferential seating, sensory breaks, visual supports, etc.]

**Progress Monitoring:**

**Data Collection Method**: [Specify how progress will be monitored, e.g., daily logs, behaviour observations, sensory profiling etc.]

**Frequency of Monitoring:** [Specify how often progress will be monitored, e.g., weekly, biweekly, monthly, etc.]

**Review Dates:** [Schedule regular review dates to assess progress and adjust the action plan as needed.]

**Collaboration and Communication:**  
Team Members Involved: [List professionals and caregivers involved in implementing the action plan.]

**Communication Plan:** [Outline how information will be shared among team members, including meetings, progress reports, emails, etc.]

**Signature:**

Professional: ………………………………………………………………………………………. Signature of Parent/Guardian (if applicable):………………………………………

Date: