

Sensory Questionnaire

Student Name: _____ Teacher: _____

School personnel to complete the following questions as additional information for a student with identified sensory needs and forward to SW CCAC with the referral:

| Questions: | Answers: |
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| What concerns do you have about the student's ability to participate at school? | |
| How have the concerns been explored and what are the causes of the concerns if identified? | |
| Is there a significant impact on participation; how does it present? | |
| Have you reviewed the sensory information package? | |
| What programming has been developed with the support of the resource teacher? | |
| What has been tried with the student and what are the outcomes? * | |
| What supports within your school board have been accessed for this student? (e.g. behavioural support program or specialized resource team). | |
| What community resources are currently in place for this child? | |

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| If the child has been on OT service before: | Year of Service: |
| a) What strategies were developed by the therapist and are they still working? | |
| b) When did you connect with parents and previous teachers to review interventions? What was the outcome of this discussion? | |
| c) Are there additional strategies identified in the OSR or with the resource teacher? Please list: | |

Additional comments: