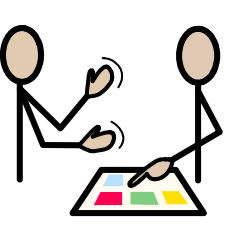
**This sensory environment checklist should be used by observing the child in their nursery or school, as well as discussion with the Child and parents/carers. Any of the pointers below can be a source of distress or distraction for some Childs.**

**Fill in the form and resolve any possible actions. Plan, Do, Review.**

**Child’s name: Assessment carried out by:**

**Date of next review: Date assessment was carried out:**



**Child’s name: Date:**

**VISUAL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pointer** | **Evidence to look for** | **Effect on Child (note your observation and rate the reaction and/or behaviour)** | Action for Medium and High risks | **Who by & When** | **Done** | **Review**  **Date & Actions** |
| |  |  |  |  | | --- | --- | --- | --- | | **N/A** | **Low** | **Med** | **High** | |
| **(example)** | Low lighting (e.g. when watching a film at assembly) | Highly distressed, unsettled, shouting, and has hit out at others within reach (Childs and LSA) | Use now/next visual, discuss what will happen and expectations. Position next to a well-lit area, student aware to move from room if feeling or showing signs of overwhelm | Classroom staff & student (next event 31 Oct 22) | LSA (1/11/22) | Student was more settled, however forgot now/next visual – next event 08/12/22 – use visuals |
| Lights | Class lighting- neon lights- flickering lights |  |  |  |  |  |
|  | Sunlight coming through blinds and creating patterns |  |  |  |  |  |
|  | Sunlight coming through the window |  |  |  |  |  |
|  | Light reflecting on objects such as metal or shiny surfaces |  |  |  |  |  |
|  | Glare from the board or computer screen |  |  |  |  |  |
| Classroom | Cluttered desk |  |  |  |  |  |
|  | Busy walls |  |  |  |  |  |
|  | Hanging displays from ceiling |  |  |  |  |  |
|  | Displays around the interactive board |  |  |  |  |  |
|  | Floor or wall patterns |  |  |  |  |  |
| Position | Near a window with views of school ground |  |  |  |  |  |
|  | Looking at the whole class |  |  |  |  |  |

**Child’s name: Date:**

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**NOISE and SOUNDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pointer** | **Evidence to look for** | **Effect on Child (note your observation and rate the reaction and/or behaviour)** | **Action for Medium and High risks** | **Who by & When** | **Done** | **Review**  **Date** |
| |  |  |  |  | | --- | --- | --- | --- | | **N/A** | **Low** | **Med** | **High** | |
| Equipment | Televisions, videos, audio systems and computers are switched off when not in use to avoid a mains hum. |  |  |  |  |  |
|  | Fluorescent lights are checked regularly so that they do not hum or buzz |  |  |  |  |  |
|  | Sound level of speakers |  |  |  |  |  |
| Acoustics | Echo in gym, dining hall, classroom |  |  |  |  |  |
|  | Sound from peers |  |  |  |  |  |
|  | Pitch of adults’ voice |  |  |  |  |  |
|  | Noise from chairs and desks moving on floor |  |  |  |  |  |
|  | Door slamming |  |  |  |  |  |
| Bells | Fire alarms |  |  |  |  |  |
|  | Warning bell |  |  |  |  |  |
| Position | Near a busy corridor |  |  |  |  |  |
|  | Near a window- noise from playtime- PE- ground maintenance |  |  |  |  |  |

**Child’s name: Date:**



**SMELL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pointer** | **Evidence to look for** | **Effect on Child (note your observation and rate the reaction and/or behaviour)** | **Action for Medium and High risks** | **Who by & When** | **Done** | **Review**  **Date** |
| |  |  |  |  | | --- | --- | --- | --- | | **N/A** | **Low** | **Med** | **High** | |
| Classroom | New carpets, paints, furniture |  |  |  |  |  |
|  | Unpleasant smells- damp- rubbish-dust |  |  |  |  |  |
|  | Cleaning products |  |  |  |  |  |
|  | Smells from dining hall, Tech rooms, Science rooms, changing rooms |  |  |  |  |  |
| People | Perfume, deodorant |  |  |  |  |  |
|  | Detergent on clothes |  |  |  |  |  |
|  | Odours on clothes- smoking household- frying-sweat |  |  |  |  |  |
|  | Breaths – coffee- after food |  |  |  |  |  |
| Objects | Pens, glue, paint in Art |  |  |  |  |  |
|  | Books |  |  |  |  |  |
| Toilets | Cleaning products |  |  |  |  |  |
|  | Smells from urine and toilet waste |  |  |  |  |  |

**Child’s name: Date:**

**TOUCH and FEEL** 

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pointer** | **Evidence to look for** | **Effect on Child (note your observation and rate the reaction and/or behaviour)** | Action for Medium and High risks | **Who by & When** | **Done** | **Review**  **Date** |
| |  |  |  |  | | --- | --- | --- | --- | | **N/A** | **Low** | **Med** | **High** | |
| Classroom | Chair and desk texture |  |  |  |  |  |
|  | Floor covering when sitting on floor |  |  |  |  |  |
|  | Stationery – equipment such as glue, pen/pencil grip |  |  |  |  |  |
| Uniform | Long sleeves and trousers |  |  |  |  |  |
|  | Tags, seams, type of fabric |  |  |  |  |  |
|  | Buttons/zips |  |  |  |  |  |
|  | Tie |  |  |  |  |  |
|  | Type of collar |  |  |  |  |  |
|  | Type of shoes |  |  |  |  |  |
| Equipment | PE equipment |  |  |  |  |  |
|  | Art equipment |  |  |  |  |  |
|  | Playground equipment |  |  |  |  |  |
|  | Shared equipment (scissors- rulers-books) |  |  |  |  |  |
| Personal space | Touching Child’s head, shoulder, hand, arm |  |  |  |  |  |
|  | Body contact during playtime or PE |  |  |  |  |  |
|  | Proximity to others in group work, queues, corridors |  |  |  |  |  |

**Child’s name: Date:**

**INTEROCEPTION  **

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pointer** | **Evidence to look for** | **Effect on Child (note your observation and rate the reaction and/or behaviour)** | Action for Medium and High risks | **Who by & When** | **Done** | **Review**  **Date** |
| |  |  |  |  | | --- | --- | --- | --- | | **N/A** | **Low** | **Med** | **High** | |
| Temperature | Over heating/sweating/flushed cheeks |  |  |  |  |  |
|  | Shivering |  |  |  |  |  |
| Physical needs | Fidgeting / crossing legs when needing toilet |  |  |  |  |  |
|  | Lack of engagement/focus and dry lips |  |  |  |  |  |
|  | Heavy breathing |  |  |  |  |  |
|  | Asking for food constantly |  |  |  |  |  |
|  | Not having food during unstructured breaks |  |  |  |  |  |