

Name: _____

My Sensory Preferences

Likes

Stary/warm lights
Comfortable room temperature
Soft blankets
Laying on floor
Warm baths
Firm hugs
Deep pressure
Favourite music on repeat
Shorts and baggy shirt
Weighted lap and shoulder weights

Dislikes

Bright lights
Background noise
More than one noise at a time
Smell of vinegar
Strong perfumes
Too hot/too cold
Thirsty/Hungry
Being sat close to someone
People brushing past me
Sitting for longer than 30 minutes
Hair washing

What environment works best for me?

Low and calm light (dimnable wear possible)
Seated with space from others (not touching and close enough to touch anyone else)
Access to hot/cold drinks and food whenever needed
Neutral smell (no strong fragrances/perfumes)
Seated with no visual distractions (no one moving, wiggling or fidgeting in visual field)
Movement breaks and/or walks frequently
Weighted lap and shoulder weights

Name: _____

My Sensory Preferences

Likes

Dislikes

What environment works best for me?

Name: _____

My Sensory Preferences

Likes



Name: _____

My Sensory Preferences

Dislikes



Name: _____

My Sensory Preferences

What environment works best for me?



**The Autistic
Advantage**