

Communication Consistency Form Worksheet

Child: _____ Date: _____

Activity	Spoken Message	Sign	Picture	Object Cue	Touch Cue

Communication Consistency Form Worksheet

Child: _____ Date: _____

Activity	Spoken Message	Sign	Picture	Object Cue	Touch Cue

Communication Consistency Form Worksheet

- 1) List activities in the first column on the left.
- 2) For each activity in the first column, check off if it's a like (second column) or a dislike (third column).
- 3) In the fourth column list the sensory channel that is most needed for that activity.
- 4) In the last column check off yes or no to the question at the top of the column.

Activities	Like	Dislike	Sensory Channels most needed for accessing focus of the activity?	Sensory channels needed match Student's strongest channels?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Discussion Questions for the Team:

- What percentage of activities are a like vs dislike?
- How meaningful is the student's day?
- Is the student engaged out of interest (active participant) or compliant (passive) to the routine?
- What percentage of the activities match the student's strongest sensory channels?
- Are there changes that could be made to help the student save brain power/energy throughout his/her day?