

Table C Preferred Sensory Channels Inventory

Please check one Activity a Like Activity a Dislike

Activity Observed:	Date:	A= Active P= Passive Use no more than 2 categories						
Observed movement/interaction/exploration within an activity <i>(Description of physical behavior not intent or emotion)</i>				Movement				
	Vision	Hearing	Touch	Proprioceptive	Vestibular	Smell	Taste	
Suzie is positioned in her wheelchair with the tray on her and her gears toy positioned slightly to her left			P					
Staff made sound of mylar paper,		P						
Suzie gazed at mylar and moved right hand back from tray	A			A				
Staff tapped on toy & mylar		P						
Suzie shifted gaze & head down towards the toy	A	A						
Staff tapped on Suzie's right hand			P					
Suzie reached her right hand out, shifted gaze towards staff & touched staff's hand	A		A	A				
Toy begins lighting up, moving & playing music,		P						
Suzie moves right hand & grasps staff hand, smiles & begins shaking head from side to side.			A	A	A			
Toy stops, Suzie continues moving head from side to side, stops & then bangs fists (right) on tray			A	A	A			
Staff takes Suzie's hand/arm (hand under hand) & activates toy,			P	P				
Suzie gazes at toy & smiles as its activated	A	A						
As toy plays/sings, Suzie gazes at toy & keeps her right hand resting on staffs hand	A	A	A					
Toy stops, Suzie moves her right hand off of staffs hand and begins shaking head from side to side on head rest				A	A			
Staff talks to Suzie,		P						
Suzie stops shaking head, lifts her left arm to the tray & brings both hands together at midline			A	A				
Staff asks if she wants to do more & sounds the mylar, Suzie shifts gaze on to mylar	A	A						
<i>Adapted from Koeing & Holbrook/TSBVI, 1993 and adapted by ASDB and later from presentations by Kathy Scoggin WSDS, WA</i>	Summary of Passive	0	2	3	1	0	0	0
	Summary of Active	6	4	5	6	3	0	0

Server/DB Program Forms/Master Forms/Preferred Sensory Channels Inventory/ revised 5/31/16

Table C continued

Assessed Strengths of the three major Sensory Channels (check best descriptors for each category – vision, hearing, movement)

<input checked="" type="checkbox"/> Vision (FVA, FVE)	<input checked="" type="checkbox"/> Hearing	<input checked="" type="checkbox"/> Has the Most Control of Moving (movement)
tracks/watches everything	hears everything	whole body no physical issues
looking straight on	sitting to the left of the speaker /right ear	X arms
looking out of corner of eye	sitting to the right of the speaker/left ear	X Legs
X materials placed on right side	amplifying everything	X hands
materials placed on left side	amplifying only the speaker	X Feet
with large print font [_____]	to localize sound	X Head
with high contrast	diagnosis auditory neuropathy	Eyes
to follow something or someone (tracking)	diagnosis central auditory processing disorder	fingers (pointing, griping)
to look at what he/she is grasping	X decibel loss measured [<u>90db</u>]	Sitting
X diagnosis cortical visual impairment		laying on side
X when placed at [<u>1' to 3'</u>] distance		laying on back
visual acuity measured [_____]		

Preferred Sensory Channel: **Movement**

Secondary Preference Sensory Channel: **Vision**

How it's used: moving limbs, exploring

How it's used: relies on right eye, close range, CVI

Table C continued

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looking straight on	sitting to the left of the speaker /right ear	arms
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materials placed on right side	amplifying everything	hands
materials placed on left side	amplifying only the speaker	Feet
with large print font [_____]	to localize sound	Head
with high contrast	diagnosis auditory neuropathy	Eyes
to follow something or someone (tracking)	diagnosis central auditory processing disorder	fingers (pointing, griping)
to look at what he/she is grasping	decibel loss measured [_____]	Sitting
diagnosis cortical visual impairment		laying on side
when placed at [____] distance		laying on back
visual acuity measured [_____]		

Preferred Sensory Channel: _____

Secondary Preference Sensory Channel: _____

How it's used: _____

How it's used: _____

COMMUNICATION CONSISTENCY FORM

Child: _____ Date: _____

Activity	Spoken Message	Sign	Picture	Object Cue	Touch Cue

COMMUNICATION CONSISTENCY FORM

Child: Madison W.

Date: 02/11/2014

Activity	Spoken Message	Sign	Picture	Object Cue	Touch Cue
going into "Little Room"	"Billy, going to Little Room"			crepe streamers taped together	
to pick him up and move/hold him	"Billy, <u>up</u> "				adult's hand under Billy's underarms; movement 2x
circle time	"Billy, circle time"			plastic circle	
at the end of <u>every</u> day	"Billy, finished"	"finish" sign with Billy's hands (adult hold wrists)			
changing diapers	"Billy, change"				tap Billy twice @ sides of hips where diapers fasten
greeting Billy (adult or student - familiar)	"Billy, hi! It's ____" "Hi, Billy or I'm ____"			use your personal identifier under hand	
saying goodbye (adult or students)	"Bye, Billy. See you ____"			make by signal under his hand and use your identifier	
eating	"Billy, time to eat"	"eat" sign under Billy's hand to his mouth			

Communication Consistency samp./FORM