Child/Student:	Date:

FOODS taste/texture	**SMELLS**	**TOUCH** texture/hugs/ fabrics/ light/heavy	**MOVEMENT** rock/bounce/ swing	**VIBRATION** car ride/ toys/appliances	**SIGHTS** lights/colors	**SOUNDS** voices/music pitch volume/environmental

MUSCLES push/pull/ bear weight	**PEOPLE**	**PLACES**	**ACTIVITIES**	**TOYS**	**SELF STIMULATION/ SELF SOOTHING BEHAVIORS**	**OTHER**

Information gathered from: _____

Washington DeafBlind Program

Dislikes Information

Child/Student:	Date:

FOODS taste/texture	**SMELLS**	**TOUCH** texture/hugs/ fabrics/ light/heavy	**MOVEMENT** rock/bounce/ swing	**VIBRATION** car ride/ toys/appliances	**SIGHTS** lights/colors	**SOUNDS** voices/music pitch volume/environmental

MUSCLES push/pull/ bear weight	**PEOPLE**	**PLACES**	**ACTIVITIES**	**TOYS**	**SELF STIMULATION/ SELF SOOTHING BEHAVIORS**	**OTHER**

Information gathered from: _____