Sensory Intervention Tracking Form

Child's Name: _____

Date/Time	Antecedent	Observed Behavior	Sensory Intervention	Duration of Intervention	Response to Intervention	Staff Initials	Notes
	• Low attention • Transition • Demand • Challenging task • Denied access • Other _____	Choose from the numbers below	Describe intervention used:		• Improved attention • Successful transition • Followed through with task/demand • Behavior continued • Behavior increased • Other _____		

Individualized Sensory Plan:

1. Distracted/Staring into space
2. Wiggling/Not sitting still
3. Talking out of turn
4. Fidgeting with everything
5. Falling asleep
6. Slouching or falling off chair
7. Shouting out
8. Hitting
9. Throwing objects
10. Crying
11. Biting nails or objects
12. Chewing on pencils/clothing
13. Other