CREATE A SENSORY ROOM TODAY!

Tell us about your needs and we'll provide a free consult and quote.

CONTACT INFO

Your Name _____

Your Role _____

School Name, District or Organization _____

Address _____

Phone _____ Email _____

Fax _____ Best time to reach you _____

VISION

Tell us about your needs (number of students, special ed classes, or use at home, in clinic etc.).

_____

_____

Briefly describe what you envision for your Sensory Room(s) and/or Break Boxes?

_____

_____

The goal is to support (check all that apply):

- ☐ Socialization
- ☐ Stimulation
- ☐ Relaxation
- ☐ Calming
- ☐ Soft Play
- ☐ Active Play
- ☐ Concentration
- ☐ Focus
- ☐ Behavior De-escalation

What therapy equipment would you like to include?

Is there any therapy equipment that you want to exclude?

Please attach a room sketch or blueprint with dimensions of the space. Include door, window, radiator or air conditioner locations, closets, bathrooms, cabinets etc. Attach pictures or images too.

NEEDS

What are the developmental needs of the children and/or teens who will use the Sensory Room and/or Break Boxes? (check all that apply)

- ☐ ADHD
- ☐ Alertness
- ☐ Auditory Processing
- ☐ Autism
- ☐ Balance and Coordination
- ☐ Behavior Issues
- ☐ Cerebral Palsy
- ☐ Communication/Language
- ☐ Downs Syndrome
- ☐ Sensory Integration
- ☐ Social Skills
- ☐ Other – please specify

What are the age ranges? _____

ROOM DETAILS

How many students will be using this space at a given time? _____

Length x Width of Room _____ Length x Width of Doorway _____

Ceiling Height _____ Type of Ceiling _____

Type of Walls (specify sheet rock, concrete, dry wall, stud wall, etc)

Air Conditioning or Heating Units? Please describe _____

Number of Electrical Outlets _____

Please note anything that could obstruct installation (wall vents, drop ceilings, uneven flooring etc.)

ROOM ACCESSORIES

Please check what you will need:

☐ Wall Padding ☐ Floor Mats ☐ Cubbies for Shoes & Storage

Other _____

CONSULTING AND TRAINING

What kind of guidance would be most helpful in planning the room?

_____

Who could benefit from training? (Includes how to use the sensory room, in-class strategies to improve outcomes, manage chronic behavior issues, etc.)

☐ Teachers ☐ Special Needs Coordinators ☐ Administrators

☐ Therapists ☐ Sensory Room Supervisors ☐ Other (please describe)

_____

BUDGET AND TIMING

Budget Range _____

What's your time frame for creating the Sensory Room? _____

When do you need this quote? _____

Anticipated Order Date _____ Anticipated Install Date _____

ADDITIONAL COMMENTS

_____

_____

_____

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Or, right click on your touchpad for "Save as" options.

CLEAR PRINT

Please email the completed form to wecare@funandfunction.com or via fax 1-866-343-6863.
We will respond within one or two business days.