My Sensory Diet

| Name: | Date: | |
|-------|--------|--|
| Name | _ Date | |

| Time Of Day | Challenge | Sensory Input | Response |
|------------------|---------------------------------|---|---|
| Breakfast 8:00am | Refuses cereal/hates texture | Offer cold/crunchy food: frozen yogurt pop, smoothie, carrots with yogurt dip. | Refused carrots, drank a cold strawberry smoothie |
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