

Name:

Date:

**DISLIKES INFORMATION**

| <b>FOODS</b> | <b>SMELLS</b> | <b>TOUCH</b><br>Texture, fabrics<br>hugs,<br>touch (light-heavy) | <b>MOVEMENT</b><br>rocking, bouncing,<br>swinging | <b>VIBRATION</b><br>car ride<br>toys<br>appliances | <b>SIGHTS</b><br>Lights<br>colors | <b>SOUNDS</b><br>voices, music<br>pitch/loudness<br>environmental |
|--------------|---------------|--|---|--|-----------------------------------|---|
|              |               |  |   |  |                                   |   |

| <b>MUSCLES</b><br>push, pull<br>bear weight | <b>PEOPLE</b> | <b>PLACES</b> | <b>ACTIVITIES</b> | <b>TOYS</b> | <b>SELF<br/>STIMULATION</b> | <b>OTHER</b> |
|---|---------------|---------------|-------------------|-------------|-----------------------------|--------------|
|   |               |               |                   |             |                             |              |