ALL ABOUT MY CHILD

Sensory Profile

	SEEKS / ENJOYS	AVOIDS / UPSETS
Sounds		
Touch & textures		
Lights & sights		
Smells		
Tastes & food		
Movement		
Crowds & places		

WHAT HELPS WHEN MY CHILD IS OVERWHELMED

DAILY LOG

Day 1

Date _____

S M T W T F S

HOW IS MY CHILD FEELING TODAY? (CIRCLE ONE OR MORE)



Happy Calm Anxious Upset Tired

SLEEP

Bedtime _____ Woke up _____

Night was Rough Okay Good

MEALS & SNACKS

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

THERAPIES & ACTIVITIES

HARD MOMENTS

If today had none, write "none" and breathe.

What happened

Possible trigger

What helped

TODAY'S WIN

MY MOOD TODAY

1 2 3 4 5

drained great

I'M GRATEFUL FOR

PATTERNS

Meltdown & Trigger Tracker

DATE / TIME	WHERE	JUST BEFORE	WHAT IT LOOKED LIKE	LENGTH	WHAT HELPED