**Sensory Intervention Data Collection**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Classroom/Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time Began** | **Specific Intervention** | **Time Ended** | **+/-** | **Comments** |
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**Instructions for Completing the Sensory Intervention Data Collection**

When a sensory intervention has been suggested by the OT either through consultation or within a written sensory diet, data is needed to adjust the intervention or begin to brainstorm more effective strategies.

1. Date: This is the date the intervention was attempted
2. Time Began: This is the specific time when the intervention was begun. Ex: 10:30am
3. Sensory Intervention: Name the SPECIFIC intervention attempted. For example: sitting on therapy ball, compression vest, standing while completing worksheets. This will be the intervention that was provided by the OT.
4. Time Ended: This is the specific time when the intervention was completed. This could be when the staff ended the intervention, the child ended (or refused ) participation in the task, when the task itself was over. Ex: 10:45am
5. =/- : This will indicate the intervention was successful (+) or not (-).
6. Comments: Please provide any further comments that will benefit yourself or OT. These may include, antecedents to the behavior/intervention, student’s response to intervention, further questions for OT, etc.

After completing the charts for a specific time requested by the OT, copy and return them to the OT. This will allow the OT to further develop, adjust or modify the student’s sensory diet.

If there are any further questions feel free to contact the OT working in your classroom.

**SAMPLE Sensory Intervention Data Collection**

**Student: Mickey Mouse Classroom/Teacher: Magic Kingdom/ Mr.Walt Disney**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time Began** | **Specific Intervention** | **Time Ended** | **+/-** | **Comments** |
| 2/2 | 8:45 | Laying on the floor Prone while Reading | 8:55 | + | Needed frequent redirection to stay in position |
| 2/2 | 10:00 | Sitting on ball during fine motor activity at desk | 10:25 | + | Maintained better attention to task |
| 2/2 | 1:15 | Laying on the floor in Prone while writing alphabet | 1:20 | + | Did well but was done in 5 minutes : refused to maintain the position |
| 2/2 | 1:30 | Compression Vest | 1:31 | - | Refused to wear |
| 2/2 | 1:32 | Sitting on therapy ball while writing alphabet at desk | 1:50 | -/+ | Did remain seated on therapy ball, however, did NOT complete the task |
| 2/3 | 8:30 | Compression Vest | 9:30 | + | Did wear vest with noticeable improved attention |
| 2/3 | 10:00 | Sitting on ball during fine motor activity at desk | 10:01 | - | Student refused to sit on ball |
| 2/3 | 10:05 | Standing : worksheet taped on wall | 10:20 | + | Student completed ¾ of the task with little redirections |
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