

SENSORY PREFERENCE TRACKING LIST

Track which sensory inputs are actively sought out, help with regulation, or tend to be avoided — use this to guide sensory diet planning and environment adjustments.

Child/Student Name: _____

Date: _____

Legend: Seeks = actively seeks out this input · Calms = this input helps soothe/regulate · Avoids = actively avoids or is distressed by this input

Sensory Input / Situation	Seeks	Calms	Avoids
1 👁 Visual (Sight)			
Bright lights / Fluorescents	☐	☐	☐
Dim or warm lighting	☐	☐	☐
Busy, cluttered spaces	☐	☐	☐
Natural scenery / Open views	☐	☐	☐
2 👂 Auditory (Sound)			
Complete silence	☐	☐	☐
Background noise / White noise	☐	☐	☐
Music with heavy bass / Fast tempo	☐	☐	☐
Loud, crowded environments	☐	☐	☐
3 ✋ Tactile (Touch)			
Tagless, soft, or loose clothing	☐	☐	☐
Deep pressure (weighted blankets)	☐	☐	☐
Light touch / Unexpected contact	☐	☐	☐
Water temperature (hot/cold showers)	☐	☐	☐
4 👃 Olfactory (Smell)			
Strong perfumes or chemical scents	☐	☐	☐
Subtle, fresh, or clean scents	☐	☐	☐
Aromatherapy (lavender, citrus)	☐	☐	☐
5 🍷 Gustatory (Taste & Oral Input)			
Chewing gum or hard candy	☐	☐	☐
Very spicy or sour flavors	☐	☐	☐
Crunchy or chewy food textures	☐	☐	☐
6 🏃 Proprioceptive & Vestibular (Movement & Body Awareness)			
Heavy work (lifting, pushing, yoga)	☐	☐	☐
Rocking, swinging, or pacing	☐	☐	☐
Fast-paced cardio or jumping	☐	☐	☐

This tool is for tracking and informational purposes only and is best used alongside guidance from a qualified behavior support professional (e.g., BCBA) or occupational therapist — not as a substitute for professional support.