

Sensory Diet Kit

Tick a few to try. Plan them with your child's OT. Stop anything your child doesn't like.

Check with your child's OT before starting.

CHILD _____

MOVING

- ☐ Jumping
- ☐ Swinging
- ☐ Dancing
- ☐ Riding a bike or scooter
- ☐ Climbing at the park

Other: _____

MOUTH

- ☐ A crunchy snack
- ☐ A chewy snack
- ☐ Drinking through a straw
- ☐ Blowing bubbles
- ☐ Humming or singing

Other: _____

HEAVY WORK: PUSH, PULL, CARRY

- ☐ Carrying the laundry basket
- ☐ Pushing a cart or a stroller
- ☐ Wall push-ups
- ☐ Animal walks (bear, crab)
- ☐ Tug of war with a towel

Other: _____

CALMING

- ☐ A quiet corner
- ☐ Dim lights
- ☐ Soft music or headphones
- ☐ Slow breaths (smell the flower, blow the candle)
- ☐ Looking at a book or a favorite toy

Other: _____

SQUEEZE AND PRESSURE

- ☐ A firm hug, if my child likes it
- ☐ Rolled up in a blanket
- ☐ Pillows to squeeze or lie under
- ☐ Squeezing play dough or a ball
- ☐ Brushing hair or a back rub

Other: _____

SIGNS MY CHILD NEEDS A BREAK

NOTES FROM MY CHILD'S OT



Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Daily plan

When in the day, what to do, and for how long.

	What to do	How long
Waking up		
Before school		
After school		
Before homework		
At dinner		
Before bed		

Did it help?

Write what your child was like before and after.

DAY	ACTIVITY	BEFORE	AFTER

WHAT I NOTICE



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