



CRISALIDA

CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

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## 4A - SENSORY PROFILE 2 – CHILD QUESTIONS

TODAYS DATE:

CHILD'S NAME:

1. For your child's primary residence, please describe the role of those adults who live with your child in relation to your child. For example: mom, dad, grandmother.

2. For your child's primary residence, please describe the role and age of any children who live with your child in relation to your child. For example: brother, stepsister.

3. Additional comments regarding those who live with your child

4. If your child lives in another home for part of the week then please describe the role of those adults who live with your child in relation to your child. For example: mom, dad, grandmother.

5. If your child lives in another home for part of the week, then please describe the role and age of any children who live with your child in relation to your child. For example: brother, stepsister.

6. Additional comments regarding those who live with your child in a second home

\* 7. What is your child really great at? (Please use short phrases or single words)



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\* 8. What objects/topics does your child love? (Please use short phrases or single words)

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\* 9. What activities does your child enjoy? (Please use short phrases or single words)

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\* 10. What does your family really enjoy doing? (Please use short phrases or single words)

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\* 11. What do you think is your child's best characteristic?

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\* 12. We want to focus our effort on your family's interests and priorities. Think about what would make life easier or more enjoyable with your child; what are the most important tasks or activities that you would like your child to be able to do? (Please use short phrases or single words)

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\* 13. Think about the activities you just listed. Describe how your child does these activities right now. This will give us a way to see changes in the future. For example, if you wanted your child to play with others, you might say "plays alone" or "picks only a few toys to play with." What does it look like when your child does the task or activity today? (Please use short phrases or single words)

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\* 14. Can you describe any barriers that prevent your child participating in the tasks / activities you listed on the previous question? (Please use short phrases or single words)

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\* 15. Now tell us what you want your child to do. What will your child look like when you feel satisfied with his or her behaviors? For example: you might say "share toys" or "take turns."

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\* 16. Tell us where your child needs to do the activities you have listed? (Please use short phrases or single words)

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17. Do you have any further comments or observations that you would like to add?

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