

Thank you for expressing interest in the SRACLC-Mitsubishi Electric Sensory Room Illumi*Nation. We are excited for you to join us! Please fill out the questionnaire below and return this form at least 1 week prior to your first session.

Name: _____ Age: _____

Primary Disability: _____

What are some of your current goals or things you would like to work on?

Behavioral: _____

Social: _____

Physical: _____

Emotional: _____

What are your favorite colors? _____

What are your favorite types of movies? _____

What scent do you prefer? (floral, citrus, spicy, no scent) _____

What type of music do you like? _____

What are your favorite songs? _____

Do you like loud noises, soft noises, or no noise? _____

Do you prefer running or walking? _____

Do you prefer to have the lights on or off? _____

Do you like to lay on a hard surface or soft surface? _____

Do you like deep pressure, squeezes, vibrations, or no touch? _____

How do you like to engage with others such as eye contact, smiling, or physical touch? _____

What are some things that make you upset? _____

How do I know that you are upset? What do you do? What does your body language look like? _____

What is your process to calm down? _____

Do you like help with tasks or do you prefer to figure it out on your own? _____

Families/Siblings

What does typical interaction with siblings and/or family look like? _____

Who is more dominant in the family/sibling relationship? _____

What are some activities that the family and/or sibling like to do together? _____

What are some activities that the family and/or sibling do not like to do together? _____

**Please return to: Kara Miller
290 Oakwood Road
Vernon Hills, IL 60061
Email: kmiller@sraclc.org**