**Sensory Needs Questionnaire**

**Participant Name:** _____ **Date:** _____

**Contact:** Email _____Phone _____

**Emergency Contact:** name_____ Phone _____

**Relation**_____ **Participants DOB** _____

**Allergies** _____

**How did you hear about I'm Possible Games & Studio** _____

We want to make our sessions as comfortable and accessible as possible. Please answer the questions below to help us understand your needs. You can skip any question you don't want to answer.

**1. Sensitivity to Light**

☐ Bright lights bother me
☐ I prefer natural light
☐ I am comfortable with normal indoor lighting
☐ I wear sunglasses or a hat indoors sometimes
☐ Flashing lights or strobe effects bother me
☐ Other: _____

**2. Sensitivity to Sound**

☐ Loud music or noise is overwhelming for me
☐ I prefer quiet environments
☐ I use noise-canceling headphones or earplugs
☐ I am okay with background music at a low volume
☐ Sudden loud sounds (like whistles or alarms) upset me
☐ Other: _____

**3. Sensitivity to Touch**

☐ I prefer not to be touched (even for instruction)
☐ I'm okay with light guidance or high-fives
☐ Certain textures bother me
☐ Other: _____

**4. Movement & Space**

☐ I prefer having personal space during class
☐ I may need extra time to transition between activities
☐ I like having a set routine or knowing what's coming next
☐ I feel better when I can take breaks when needed

☐ Other: _____

**6. Visual Supports or Cues**

☐ I benefit from visual schedules or written instructions
☐ I prefer watching a demonstration before I try something
☐ I need extra time to process what I see
☐ No visual supports needed
☐ Other: _____

**7. Is there anything else you'd like us to know to help you feel comfortable during class?**

**8. How much encouragement or support do you need from staff?**

☐ A lot, I need someone to stand with me and prompt me through the exercises, sometimes using physical prompts to get me to the right stretch or body motion.
☐ Some, I need someone near me to keep me focused with verbal prompts and reminders of stretches and/or motions.
☐ A little, I prefer to watch the leader and get occasional assistance from other staff. ☐ None, I am good on my own.

**9. How do you process verbal directions?**

☐ I like hearing constant, consistent directions.
☐ I like to hear directions 1 time and then watch the example.
☐ I may need to hear directions more than 1 time, with time in between to process.

**10. Do you need time before class starts to get used to the room and instructors or are you usually ready to start participating?**

☐ Yes
☐ No

**11. Can you hold weights, stretch, bands, and other fitness equipment or do you need adapted items? (This will be for when we are able to start offering fitness and movement classes.)**

☐ Yes
☐ No

**Optional:**
Would you like us to follow up with you to discuss your needs further?
☐ Yes ☐ No