WSDS Washington Sensory Disabilities Services

USE OF SENSORY CHANNELS

Student:	Has glasses/contacts? Yes No Wearing them now? Yes No	Has hearing aids? R L Wearing aids now? R L

Setting/Activity:_____

Date: _____ Observer:_____

Observed Behavior	Sensory Channel				
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
	V	T	A	O/G	P/V
Totals					

Probable Primary Channel:

Secondary Sensory Channel(s):

KEY:
V = Visual
T = Tactual
A = Auditory
O/G = Olfactory/Gustatory
P/V = Proprioceptive/Vestibular

Adapted from Koenig & Holbrook/TSBVI (1993) in collaboration with Arizona Schools for the Deaf & Blind.
[Rev. 8/2005]