**My Sensory Regulation Strategies**

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| **Name:** |  |
| **School:** |  |
| **Class:** |  |
| **DOB:** |  |
| **Date:** |  |

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| **These are my “Feel Good Activities” that help me feel safe and calm? Make sure I get to do these throughout the day to support me to stay regulated.** |
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| **Make me feel safe and secure in my environment by:** |
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| **Below is my timetable of vestibular and proprioceptive activities to help support my regulation. It is important I get this input throughout the day to keep me regulated.** |
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| **Use Strategies in my Regulation Chart if you see me become dysregulated. We may have to do these activities together and co regulate until I can do them by myself.** |

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|  | **How do I know I am in this zone?** | **How others might know I am in this zone?** | **What strategies to do when I am in this zone?** |
| **Fight, Flight, Freeze, Confusion** |  |  |  |
| **Over Alert** |  |  |  |
| **Calm, Alert, Rest and Digest** |  |  |  |
| **Under Alert/ Sleep** |  |  |  |

Please keep adding or adapting as this will change over time and different environments. Please access our website for additional strategies and recommendations or to book an appointment with us to discuss your programme in more detail.

[www.buckshealthcare.nhs.uk/cyp/therapy/occupational-therapy/](http://www.buckshealthcare.nhs.uk/cyp/therapy/occupational-therapy/)