Self-Rating Tool

Name: _____

Date: _____ Time: _____

Sensory Technique used:

When used: _____

Where used: _____

Before Use:

0	1	2	3	4	5	6	7	8	9	10

Under alert   Optimal   Over alert

After Use:

0	1	2	3	4	5	6	7	8	9	10

Under alert   Optimal   Over alert

Comments: _____

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