Texas School for the Blind & Visually Impaired



Outreach Programs

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Sensory Learning Summary (SLS)

# Procedures

Use information from the team of learning partners, medical reports, and current assessments to complete Part I: Medical Needs and Part II: Sensory Functioning Needs.

**Learner:**

**Summary completed by:**

**Date:**

# Part I: Medical Needs

## Medical Conditions

Source of information:

## Current Medications

Source of information:

Allergies to medications:

## Issues

Source of information:

* Nutritional
* Hydration
* Elimination
* Respiration
* Sleep
* Seizure
* Allergy
* Other:

# Part II: Sensory Functioning Needs

## Vision

Source of information:

1. If the learner has a documented vision loss, describe the following:

* Medical diagnosis
* Corrective lenses/visual aides
* Medications
* Therapies

1. Has a vision specialist recommended modifications? If so, describe.

* Lighting
* Contrast
* Size
* Clutter
* Distance
* Color
* Field

Right \_\_\_\_\_Left \_\_\_\_\_Mid \_\_\_\_\_Top \_\_\_\_\_Bottom \_\_\_\_\_

* Other

1. Are there specific cautions for the presentation of visual stimuli?
2. Are there specific positioning needs related to visual attendance?

## Hearing

Source of information:

1. If the learner has a documented hearing loss, describe the following:

* Medical diagnosis
* Hearing aids or other sound amplification devices
* History of ear infections

Medications \_\_\_\_\_\_Tubes \_\_\_\_\_\_

1. Has a hearing specialist recommended specific modifications?

* Presentation distance
* Clutter
* Frequency
* High \_\_\_\_\_\_\_\_\_\_Mid \_\_\_\_\_\_\_\_\_\_Low \_\_\_\_\_\_\_\_\_\_
* Loudness

1. Are there specific cautions for the presentation of auditory stimuli?
2. Are there specific positioning needs related to auditory attending?

## Touch

Source of information:

1. If there is an impairment that restricts tactual exploration of the environment, describe it below.

* Medical diagnosis
* Orthopedic or congenital abnormalities related to touch
* Medications
* Therapies
* Devices/equipment

Helpful:

Not Helpful:

* Specific recommendations

1. If the learner avoids or responds negatively to touch input, describe the stimulus and response.

* Light touch
* Deep touch

1. Has an occupational or physical therapist determined that the learner is tactually defensive?
2. Is the learner currently receiving sensory integration therapy?
3. Have specific modifications for tactual input been recommended? Describe below.

* Type
* Receptivity
* Pacing
* Pressure
* Texture
* Temperature
* Other

1. Are there specific cautions for the presentation of tactual stimuli?
2. Are there positioning needs related to tactual attendance?

## Vestibular/Proprioceptive

Source of information:

1. If the learner has documented movement disorders, describe them below.

* Medical source
* Medications

1. If the learner becomes fussy, agitated, or withdrawn when moved, describe the typical conditions that trigger these behaviors.
2. Are there specific cautions for moving the learner?
3. Are modifications needed related to movement of the learner?

* Speed
* Direction/angle
* Duration

## Gustatory

Source of information:

1. Are there any cautions for the presentation of gustatory stimuli?
2. Are there any positioning needs related to gustatory stimulation?
3. Are there allergy issues related to gustatory stimulation?

## Olfactory

Source of information:

1. Are there any cautions for the presentation of olfactory stimuli?