

Use of Sensory Channels

This assessment is designed to examine the student’s most efficient way of taking in information.

Instructions:

Arrange for three observations of 15 to 20 minutes. Observations should be conducted: 1) in the classroom, 2) during an outdoor activity, and 3) in a familiar location. Observations should also be conducted at various times of the day (i.e. morning, afternoon).

Document observable behaviors. Place a CIRCLE around the primary sensory channel and, if appropriate, a BOX around the secondary sensory channel.

Key: **V**=Visual, **T**=Tactual, **A**=Auditory, **O/G**=Olfactory/Gustatory (smell/taste), **K** = Kinesthetic (movement)

Mark 'P' if the observed behavior occurred due to *prompting* or mark 'S' if it occurred *spontaneously*.

Observation # ____ **Date:** ____ **Time:** ____ **Setting/Activity:** _____

Observed Behaviors	Sensory Channel		P-S
	Learning	Additional	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	
	V T A	O/G K	

Probable Primary Channel: _____ Probable Secondary Channel(s): _____

Additional Sensory Channel (O/G or K) if appropriate: _____

Summary Page for Use of Sensory Channels

Use the following worksheet to compile the data gathered from the completed **Use of Sensory Channels** form. Fill in the location of the observations and the number of times the student relied on their visual, tactile, and/or auditory skills to complete the tasks. Consider these findings and respond to the questions in the second box.

USC WORKSHEET

Observation 1 Location: _____

Total Number of:

V's ____, T's ____, A's ____, O/G's ____, K's ____

Observation 2 Location: _____

Total Number of:

V's ____, T's ____, A's ____, O/G's ____, K's ____

Observation 3 Location: _____

Total Number of:

V's ____, T's ____, A's ____, O/G's ____, K's ____

Comments

Given the three observations, the student's **PRIMARY** sensory channel appears to be:

(Check only one) ____ VISUAL ____ TACTILE ____ AUDITORY

- Examples supporting this include:

*When a student demonstrates use of more than one sensory channel this might be a **SECONDARY** sensory channel. If appropriate, respond to the following:*

Probable Primary Channel: _____ Probable Secondary Channel(s): _____

Additional Sensory Channel (O/G or K) if appropriate: _____

Given the three observations, the student's **SECONDARY** sensory channel appears to be:

(Check only one) _____VISUAL _____TACTILE _____AUDITORY

- Frequency of use:
- Examples supporting this include:

Given the three observations, the student's **ADDITIONAL** sensory channel appears to be:

(May check more than one) _____ Olfactory/Gustatory _____ Kinesthetic

Probable Primary Channel: _____ Probable Secondary Channel(s): _____

Additional Sensory Channel (O/G or K) if appropriate: _____