WAC 392-172A-01035 (Washington State)

- (b) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness and adversely affect a student's educational performance.
- (c) Deafness means a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a student's educational performance.
- (f) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a student's educational performance but that is not included under the definition of deafness in this section.
- (d)(i) Developmental delay means a student three through eight who is experiencing developmental delays that adversely affect the student's educational performance in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development or adaptive development and who demonstrates a delay on a standardized norm referenced test, with a test-retest or split-half reliability of .80 that is at least:
 - (A) Two standard deviations below the mean in one or more of the five developmental areas; or
 - (B) One and one-half standard deviations below the mean in two or more of the five developmental areas.
- (vii) The term "developmentally delayed, birth to three years" are those infants and toddlers under three years of age who:
 - (A) Meet the eligibility criteria established by the state lead agency under Part C of IDEA; and
 - (B) Are in need of early intervention services under Part C of IDEA. Infants and toddlers who qualify for early intervention services must be evaluated prior to age three in order to determine eligibility for special education and related services.
- (h) Multiple disabilities means concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term, multiple disabilities does not include deaf-blindness.
- Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

List of Conditions, Syndromes, and Disorders Associated with Combined Vision and Hearing Loss

	I Syndromes and Disorders				
Aicardi syndrome	Marshall syndrome				
Alport syndrome	Maroteaux-Lamy syndrome (MPS VI)				
Alstrom syndrome	Moebius syndrome				
Apert syndrome (Acrocephalosyndactyly, Type 1) Monosomy 10p					
Bardet-Biedl syndrome (Laurence Moon-Biedl)	Morquio syndrome (MPS IV-B)				
Batten disease	NF1 - Neurofibromatosis (von Recklinghausen disease)				
CHARGE association	NF2 - Bilateral Acoustic Neurofibromatosis				
Chromosome 18, Ring 18	Norrie disease				
Cockayne syndrome	Optico-Cochleo-Dentate Degeneration				
Cogan Syndrome	Pfeiffer syndrome				
Cornelia de Lange	Prader-Willi				
Cri du chat syndrome (Chromosome 5p-syndrome)	rromosome 5p-syndrome) Pierre-Robin syndrome				
Crigler-Najjar syndrome	Refsum syndrome				
Crouzon syndrome (Craniofacial Dysotosis)	Scheie syndrome (MPS I-S)				
Dandy Walker syndrome	Smith-Lemli-Opitz (SLO) syndrome				
Down syndrome (Trisomy 21 syndrome)	Stickler syndrome				
Goldenhar syndrome	Sturge-Weber syndrome				
Hand-Schuller-Christian (Histiocytosis X)	Treacher Collins syndrome				
Hallgren syndrome Trisomy 13 (Patau syndrome, Trisomy 13-15)					
Herpes-Zoster (or Hunt)	Trisomy 18 (Edwards syndrome)				
Hunter Syndrome (MPS II)	Turner syndrome				
Hurler syndrome (MPS I-H)	Usher I syndrome				
Kearns-Sayre syndrome	Usher II syndrome				
Klippel-Feil sequence	Usher III syndrome				
Klippel-Trenaunay-Weber syndrome Vogt-Koyanagi-Harada syndrome					
Kniest Dysplasia	Waardenburg syndrome				
Leber congenital amaurosis	Wildervanck syndrome				
Leigh disease	Wolf-Hirschhorn syndrome (Trisomy 4p)				
Marfan syndrome	Other				

Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications				
Congenital Rubella Syndrome	Asphyxia				
Congenital Syphilis	Direct Trauma (to the eye and/or ear)				
Congenital Toxoplasmosis	Encephalitis				
Cytomegalovirus (CMV)	Infections				
Fetal Alcohol Syndrome	Meningitis				
Hydrocephaly	Severe Head Injury				
Maternal Drug Use	Stroke				
Microcephaly	Tumors				
Neonatal Herpes Simplex (HSV)	Chemically Induced				
Other	Other				

Related to Prematurity	Undiagnosed
Complications of Prematurity	No Determination of Etiology

(Adapted from National Consortium on Deaf-Blindness Annual Child Count forms)

Observations: Signs, Symptoms & Risk Factors That May Indicate Visual Impairment in Young Children

Signs & Symptoms	Risk Factors
Atypical Appearance of Eyes:	Family History:
 Drooping eyelid obscuring pupil (<i>ptosis</i>) One eye slightly higher or lower than the other eye 	Family history of vision impairment or hereditary childhood vision loss
 Obvious abnormalities in the shape or structure of the eyes 	Prenatal History:
 Absence of a clear, black pupil Persistent redness of conjunctiva (normally white) 	Mother has history of infection during pregnancy (toxoplasmosis, rubella, cytomegalovirus, herpes, syphilis)
 Persistent tearing without crying High sensitivity to bright light (observe squinting, closing eyes, or turning away) 	 Child was exposed to alcohol or drugs prenatally
	Perinatal History:
 Unusual Eye Movements: Jerky eye movements (nystagmus) Absence of eyes moving together Sustained eye turn inward (esotropia) or outward (exotropia) after 4 to 6 months of age (general term: strabismus) Unusual Gaze or Head Positions Tilts or turns head in certain position 	 Birthweight less than 1500 grams (3.3 pounds) Apgar score of 0-4 at 1 min. or 0-6 at 5 min. Premature and exposed to oxygen in the hospital Elevated bilirubin (hyperbilirubinenmia) requiring transfusion Required mechanical ventilation lasting 5 days or longer
 when looking at an object Holds object close to eyes 	Postnatal History:
 Averts gaze; seems to be looking beside, under, or above the object of focus 	 Bacterial meningitis or encephalitis Sustained head trauma associated with loss of consciousness or skull gracture Has neurological disorders, such as
Absence of Visually Directed Behaviors	 seizures Has a syndrome known to include hearing and/or visual impairment (e.g.
 Lack of eye contact by 3 months Lack of visual fixation or following by 3 months Inaccurate reaching for objects by 6 mo. (Adapted from WSDS Tool: "Three-Pronged Approach. Sources: Calvello, 1990; Fewell, 1983; Teplin, 1995) 	 Down, Fetal Alcohol syndrome, CHARGE, Goldenhar, Hurler, Norrie, Refsum, Trisomy 13, Waardenburg) Has Cerebral Palsy (CP) Has hydrocephaly Had an excessive fever for a prolonged period of time

Developmental Screening Checklist: Functional Vision

 Birth to One Month Stares at windows and bright walls Blinks when light is too bright When penlight is shone into the eyes, pupils constrict; when light is removed, pupils dilate (pupillary response) Looks at faces briefly Looks briefly at objects placed in field of vision Stares at objects within field of vision Eye-to-eye contact increases 	few
 Blinks when light is too bright When penlight is shone into the eyes, pupils constrict; when light is removed, pupils dilate (pupillary response) Looks at faces briefly Looks briefly at objects placed in field of vision One to Three Months Stares at objects within field of vision or tilts; this reflex is inhibited after the first weeks as a child's fixation increases (doll's reflex) Grasping, looking, and sucking occur in iso each other; hands are usually fisted Seems to focus the best on objects 8-12 in face Stares at objects within field of vision Follows movement of person nearby 	few
 constrict; when light is removed, pupils dilate (pupillary response) Looks at faces briefly Looks briefly at objects placed in field of vision Grasping, looking, and sucking occur in iso each other; hands are usually fisted Seems to focus the best on objects 8-12 in face One to Three Months Stares at objects within field of vision Follows movement of person nearby 	
One to Three Months • Stares at objects within field of vision • Follows movement of person nearby	
Stares at objects within field of vision Follows movement of person nearby	
Eve-to-eve contact increases I ooks at hand on side favored by tonic new	
may awing at abjects on this side	ck reflex;
 At one month, looks at oblisite reactives of race such as a hairline, ears, chin At two months, looks at inside features such as eyes, nose, mouth, eyebrows Eye movements are poorly coordinated and eyes may not always appear to be straight or working together Smiles when looking into face of an adult who is smiling, talking, and moving head Looks at high-contrast patterns, such as checkerboards, stripes, geometric shapes Look at brightly colored and patterned three-dimensional objects Follows or tracks a slowly moving object horizontally with eyes only over a 90 degree arc (can't cross mid-line so tracks from center to side and side to center) Focuses on objects from five inches to as close as 	stimulus r toys ct facing sented to ides, nents in in the in the
three inches (convergence)	
Three to Five Months	
 Head is in midline; little or no asymmetric tonic neck reflex is observed; the hands are predominantly open; child looks at hands and plays with hands at midline Shifts gaze from hand to object and back Visually reverses direction easily When sitting or laying down, child turns he either side to look at something she hears 	ad to
Looks at the objects in her hands momentarily Looks for caregiver in a group of people	
 Most objects within reach are looked at, reached for, and brought to mouth Looks for a specific toy in a group of toys, reaches directly for it 	and
 Focuses on objects at distances of five to twenty inches Watches toys go out of sight and looks for 	them
 Tracks balls rolling on a table or floor when sitting or on her stomach Watches objects drop Looks frequently at small objects and deta 	ile
 Follows with eyes (or eyes and head) a fast moving object over 180 degree arc Fixates on objects at three feet 	113

Five to Seven Months							
 Binocular eye movements are well coordinated; both eyes work together and appear to be in balance with each other; any deviations with one eye turning in, out, up or down seen at six months should be followed medically Prefers to look at more realistic pictures After dropping a toy, looks for it, and attempts to recover it Smooth visual pursuit – follows or tracks objects with eyes and not necessarily head Looks for, reaches for, and picks up small objects such as pieces of cereal, etc. Visual behaviors such as fixating, following, shifting gaze, scanning, converging and diverging are well 	 Looks into mirror and may smile or pat image Babbles spontaneously to person's face Discriminates strangers and reacts with staring, frowning, withdrawal, crying Looks at and responds to a variety of facial expressions Laughs at peek-a-boo games 						
developed and integrated into reaching and manipulating objects	combines changes in body position with what he sees; inconsistently aware of danger						
Twelve to Eig	hteen Months						
 Well-developed convergence although localization in distance is crude and child may run into objects she sees Looks behind mirror when shown her reflection Differentiates between pictures of familiar animals Stares or points to sex differences Looks at and handles many simple objects in environment Imitates vertical and circular strokes 	 Points to familiar persons, animals, or toys on request Looks toward indicated objects and areas when told to look Looks at picture book and turns pages Two and Three Years Discrimination and identification of familiar objects such as toys, food, and clothing Matches colored objects regardless of shape Matches circle, square, and triangle shapes Points to body part on doll or in picture when asked Matches pictures to objects and pictures to pictures Imitates horizontal line Shows use of familiar object when requested Names or points to self in photograph 						
Imitates simple actions on request							
 Three to F Sorting, grouping, and categorizing by color, length, size, use, or sequence of events Matches colored shape to colored outline on paper 	 • Copies geometric figures • Chooses one object in set which is a different color, shape, size • Imitates body positions 						
Four to F	ive Years						
 Color recognition; differentiates shadings Depth perception is fully developed Abstract symbols – discrimination, recognition, association of letters and words 	 Matches letters Can reproduce body motions to pictures Associates words with pictures 						

Observations: Signs, Symptoms & Risk Factors That May Indicate Hearing Loss in Young Children					
Associated with Hearing Loss					
Atypical Appearance of Face or Ears: Atypical Vocal Development					
Cleft lip and palate	Has limited vocalizations				
Malformations of head or neck Has abnormalities in voice, intonation or articulation					
□ Malformations of the ears, including lack of □ Shows delay in lang. development (e.g					
Frequent earaches or ear infections (otitis media)	words at 15 mo; fewer than 50 words at 24 mo)				
Discharge from the ears					
	Other Behaviors				
Atypical Listening Behaviors:	Pulls on ears or puts hands over ears				
Few or inconsistent responses to sounds	Breathes through mouth				
Does not seem to listen	Cocks head to one side				
Does not respond to caregivers calling his/her	(Sources: Chen, 1998, 1990; Gatty, 1996; Fewell,				
Shows a preference for certain types of sounds	1983; Joint Committee on Infant Hearing, 1991)				

Observations: Developmental Skills									
Related to Hearing in Young Children									
HEARING: Does the ChildY N $\sqrt{\sqrt{1}}$ HEARING: Does the Child									
BIRTH – 3 MONTHS OLD:	<u> </u>	<u> </u>	24 – 30 MONTHS OLD:						
Startle or jump when there is a sudden loud			Follow two requests ("Get the ball and put it on						
sound?			the table")? (24 mos.)						
Stir or awaken from sleep, or cry, when someone talks or makes a noise?			Understand conversation easily?						
Recognize and get comforted by a familiar			Identify objects in a book by pointing to them						
voice?			when they are named?						
BY 3 – 6 MONTHS OLD:			Hear when you call from another room?						
Turn his/her eyes to look for an interesting			Produce the following sounds clearly:						
sound?			P,B,M,K,G,W,H,N,T,D ?						
Respond to mother's or caregiver's voice?									
Turn eyes forward when his/her name is called?			Use past tense verbs?						
BY 6 – 12 MONTHS OLD:			Name five pictures?						
Turn toward an interesting sound or toward			Answer questions?						
caregiver when his/her name is called from behind?			Replace "jargon" with sentences?						
Search or look around when new sounds are present?			Use 1-2 prepositions (in, on, under)?						
Understand "no," "mommy," "bye bye," and			BY 30 – 36 MONTHS OLD:						
similar common words?			Notice sound—dogs barking, phones ringing?						
Engage in vocal play with parents, experiment with multiple speech and non-speech sounds?			Hear TV or radio at same volume level as other family members?						
(9 mos.)			Use 1-2 prepositions (in, on, under)?						
Babble in speech-like strings of single syllables	-		Ask questions beginning with "what," "where," or	~					
(e.g., "da da da")? (10 mos.)			"when"?						
BY 12 – 24 MONTHS OLD:	1		Refer to self using a pronoun (I, me)?						
Say one or more real, recognizable words?			Use 200+ words? (300+ by age 3?)						
(12 mos.)									
Combine words (e.g., mommy shoe, big boat)?			Give full name on request?						
(18 mos.)									
Have at least 50 words? (24 mos.)			Participate in story telling?						
(Adapted from the WSDS Tool:			Use plurals?						
"Three-Pronged Approach")			Use intelligible speech ~80% of the time?						



USE OF SENSORY CHANNELS

Student:	Has glasses/contacts? Wearing them now?					
----------	--	--	--	--	--	--

Setting/Activity:

Date: _____ Observer: _____

Observed Behavior					
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
	V	Т	Α	O/G	P/V
Totals					

Probable Primary Channel:	KEY:
Flobable Fillinary Glainler.	V = Visual
Secondary Sensory Channel(s):	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]

USE OF SENSORY CHANNELS

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

Setting/Activity:_____

Date: _____ Observer: _____

Observed Behavior		Sensory Channel					
Raises head up as shiny blue pom pom is shaken		V	Т	(A)	O/G	P/V	
Turns head as shiny blue pom pom is moved (follows)	ll	(V)	Т	(A)	O/G	P/V	
Raises head up as shiny blue pom pom is moved up	ll	(V)	Т	(A)	O/G	P/V	
Head turns to follow	I	(V)	Т	Â	O/G	P/V	
Puts head down		V	Т	Α	O/G	(P/V)	
Bangs rattle (put in his left hand) on stander tray	III	V	(T)	(A)	O/G	(P/V)	
Bangs rattle (put in his right hand) on stander tray		V	(T)	(A)	O/G	(P/V)	
Raises head up as shiny blue pom pom is shaken	ll	(V)	T	(A)	O/G	P/V	
Turns head to left	III	(V)	Т	(A)	O/G	(P/V)	
Puts head down		V	Т	Â	O/G	(P/V)	
Grabs, picks up part of pom pom once, places on tray next to him	I	V	(T)	Α	O/G	P/V	
Puts head down		V	Ť	Α	O/G	(P/V)	
Puts hands together "more"	V	V	(T)	Α	O/G	(P/Vx 4)	
Vocalizes	II	V	T	Α	O/G	(P/Vx 2)	
Takes spoon and puts food in mouth	IV	V	(T)	(A)	O/G	(P/Vx 2)	
Takes spoon out of mouth		V	Ť	Â	O/G	P/V	
Stretches hands out		V	Т	Α	O/G	(P/V)	
Holds spoon	ll	V	(T)	Α	O/G	(P/V)	
Moves hands around the tray	ll	V	(T)	Α	O/G	(P/V)	
Picks up Cheerio	I	V	(T)	Α	O/G	P/V	
Puts Cheerio in mouth	II	V	(T)	Α	(O/G)	P/V	
Slaps hands on tray	II	V	(T)	Α	O/G	(P/V)	
Totals	5	10	8	1	18		

Probable Primary Channel:		KEY
Secondary Primary Channel(s):	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 Washington Sensory Disabilities/Services/ Kathee Scoggin

LIKES INFORMATION

Child:	Date:	

FOODS taste/texture	SMELLS	TOUCH texture/hugs fabrics light-heavy	MOVEMENT rock/bounce swing	VIBRATION car ride toys/appliances	SIGHTS lights/colors	SOUNDS voices/music pitch/loudness environmental

MUSCLES push-pull bear weight	PEOPLE	PLACES	ACTIVITIES	TOYS	SELF STIMULATION BEHAVIORS	OTHER



"LIKES" INFORMATION

Child:	Date: March 2, 2012
Likes anything that "feels" a lot, inside or outside of him	Here's a child that is begging to be more a part of life WITH someone

FOODS taste/ texture	SMELLS	TOUCH texture/ hugs/ fabrics light - heavy	MOVEMENT rock/ bounce swing	VIBRATION car ride toys/ appliances	SIGHTS lights/colors	SOUNDS voices/ music pitch/ loudness environmental
Crunchy: Cereal, Chips, Cheesy Puff Chips, Bread of most any kind Dense Foods: Brownie, Banana, Thick oatmeal, Cheese sticks, Sandwiches; especially PB&J Sweet tasting (once you get it in his mouth for him to know it is sweet) Chewy: Fruit; Pear, Watermelon, grapes, blueberries, The juicier the better Eating with a spoon; cereal, oatmeal, yogurt He'll eat a wider variety of food if you start with a crunchy or a familiar	He tends to smell the food before it gets to his mouth and if he is turned off by it then it is hard to get it into his mouth. Although if you can get it into his mouth he'll often find that it was JUST what he was wanting. I find him smelling food more and more these days and food that I know he'll LOVE if he'll just taste it, he is turned off by the smell at first	used to need extreme pressure to have it feel good. I tend to give a harder rather than softer hug to him. He often pulls at his shirt hem when he is agitated, I'm not sure if it is bugging him or if it is a reaction to something else. One time we put Thera- togs on his back and hips and it totally threw his balance off and he could hardly walk. Harder pressure is better Just a little is better than a lot	This is's box! Swinging hard Having the swing hit something hard makes him giggle (when he is expecting it) Trampoline, jumping and being jumped Rocking soft if he's relaxing with us Rocking HARD if he is doing it himself, he'd prefer if he hit the wall while swinging also. Banging his foot on the floor, or his head on the cupboard doors Running hand in hand	LOOOVEs car rides Loooves Vacuum Loooves riding in a grocery cart over rough pavement in the parking lot (trike on pavement? Idea) Likes back massager for short bits of time	When walking through the house, he'll stop if he comes into the sun rays from a window and go back and forth in the sun/shadow. He has to acclimate when going outside from inside if the sun is bright, he'll stop for a bit before proceeding	We were noticing the other day that either didn't hear well or didn't like when I would sing really high (I think) That would be interesting to play with and figure more out about. If I went into a range that he didn't hear well or didn't like then he'd sign more and touch my mouth for me to continue/or to go to a different pitch. loves someone to sing to him and he will want to 'sing' along – as close to your mouth as possible. Musical toys are good

MUSCLES push - pull bear weight	PEOPLE	PLACES	ACTIVITIES	TOYS	SELF STIMULATION BEHAVIORS	OTHER
likes to push chairs around and collide them and turn them and push until another collusion. He likes the school bag being put on him, as I'm sure he knows he can go onto the bus likes to use the scooter and fly around the living room. The collusion is bonus Playing in the pool should probably go here Shoving his hand and foot through sand or dirt (and snacking on it too)	has yet to show that there is someone he isn't willing to climb or grab their hand to pull them to where he wants to go He doesn't show an obvious preference to people around him. I take that back. He knows that little people are not good at giving him what he wants and tends to pass them by He is showing he likes parents more and more	Inside a moving vehicle The beach – he ran and ran and ran in huge circles – having a ball! Water! The shower, The pool, the faucet (OK school, wonderful that you taught him to turn on the faucet at school, now can you teach him to turn it off!! :0) The first hour at a new house he seems to enjoy finding all the light switches and exploring, after a time when he is done, he is DONE!	Being 1:1 with someone Even going through the motions of vacuuming and holding the wand, or emptying the dishwasher, or the act of being –right there- with someone he seems to really enjoy (when it is HIS idea) That's worth exploring more into Showering! Playing peek a boo Turn taking with a rattle toy or something similar Light switches – alone and with someone Going for walks Running with someone! Spinning on his heal (a new activity) Jumping on the tramp EATING Having his fingernails cut (snip!!!)	Cause and effect toys Clear Plastic tubing to chew Plastic Juice container with Beans in it to rattle Music toys His SWING! Tin foil Paper bag to beat on Scooter This little dog that barks "BINGO" and he'll vocalize to the first three beats of B I N in rhythm!!! Banging box full of Legos	Rocking and snapping head Chewing on hand Chewing on chewelry Hitting his head back on his carseat Making LOUD LOUD noises Clearing his sinuses Whipping his head from side to side	Chewing on washcloths (even when not thirsty)

DISLIKES INFORMATION

Child:	Date:	

FOODS taste/texture	SMELLS	TOUCH texture/hugs fabrics light-heavy	MOVEMENT rock/bounce swing	VIBRATION car ride toys/appliances	SIGHTS lights/colors	SOUNDS voices/music pitch/loudness environmental

MUSCLES push-pull bear weight	PEOPLE	PLACES	ACTIVITIES	TOYS	SELF STIMULATION BEHAVIORS	OTHER



"DISLIKES" INFORMATION



Child: _

Date: March 2, 2012

FOODS taste/ texture	SMELLS	TOUCH texture/ hugs/ fabrics light - heavy	MOVEMENT rock/ bounce swing	VIBRATION car ride toys/ appliances	SIGHTS lights/colors	SOUNDS voices/ music pitch/ loudness environmental
Strong smelling food Spaghetti Casseroles Spicy Foods Dinner (ever changing) Finding a pill in his food – spit out! An unexpected texture in the food	I really only notice it when it comes to food: See Likes	Anything coming at his head – tends to flinch or brush it off – especially his right side of his head Getting his teeth brushed and hair brushed is a challenge People touching him excessively	If someone doesn't know how he likes to move he'll bail and sit on his haunches. He dislikes slow, soft, movement Although we have noticed that he isn't ALWAYS into hard bouncing or rocking on our laps/chairs		He tends to leave the lights off as he goes around turning lights on and off.	DISLIKES Drill, Shop Vac, Hammer, Lawnmower, and such like noises Sudden unexpected noises mostly make him mad and run away

MUSCLES push - pull bear weight	PEOPLE	PLACES	ACTIVITIES	TOYS	SELF STIMULATION BEHAVIORS	OTHER
Right arm dislikes any weight/challenge put upon it. It needs more involvement if you ask me! He doesn't pull so much I don't see him voluntarily pick up items just because they are heavy?	No stranger is too strange to climb up or walk with or to bite their skirt/pants. Little people – kids – don't get him what he wants and tends to disregard them when he is looking for a helping hand	dislikes any place where he needs to stand still in one spot and wait. If we are in a huge room with lots of noise, he'll get to self stimming a lot or throwing a fit after a time	Sitting still Personal hygiene; brushing teeth, brushing hair, cutting hair, Waiting	No use for stacking toys, age appropriate toys, books, coloring books, writing, and the like. The list is so long it's hard to know what to put here	? He only does it if he likes it Now the list could be longer if it was what the parents disliked ⁽²⁾	Not being understood No activity times SATURDAYS!! The day with the least structure NOT GOING SOMEWHERE Being hungry Not having someone understand him Being in close quarters with many people Not having someone do what HE wants to do Not having a 1:1 at home Being told to wait Being told to mait