

Name:
DOB:
Date:
Therapist:

**Sensory Defensiveness Assessment – Wilbarger
(One School or Work Day & Weekend or Holiday)**

Type of Day: Structured

Time	Event	Sensation in Environment	Interaction w/ Others	Interaction with Things	Comfort or Discomfort (1-10)	Discussion*	Recommendations*
	Wake-up						
	Hygiene						
	Breakfast						
	Pack-up						
	To bus						
	(Return Home)						
	Snack						