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| **Sensory investigation** |

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| **Child/Young Person name:** |  |
| **Date of Birth & year group:** |  |
| **Practitioner Name & Role:** |  |

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| **Sensory experience/ activity** | Image result for green smiley face"**Response:** | **Alerting or calming:**Image result for arrow pointing up and down |
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| **Sensory experience/ activity** | Image result for green smiley face"**Response:** | **Alerting or calming:**Image result for arrow pointing up and down |
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