Calming Engagement Plan

Name

Sensory input that I like:

The plan to proactively meet my sensory needs:

Sensory input that I don't like, or is triggering or scary to me:

Plan or choices to help me avoid feeling overwhelmed:

Tools that help me regulate:

- ☐ Water
- ☐ Protein-rich food
- ☐ Weighted items
- ☐ Breathing
- ☐ Music
- ☐ Movement
- ☐ Going outside
- ☐ Quiet environment
- ☐ Hard exercise
- ☐ _____
- ☐ _____
- ☐ _____

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