

Towards Independence

Multi-sensory Experiences

Name:



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This module has been developed as the result of collaborative work between ASDAN and practitioners delivering the Towards Independence programme. Our thanks go to all those who contributed to the development of these materials.

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Welcome

You are starting a module called

Multi-sensory Experiences

In doing the activities in this module you will be asked to:

- say
- show
- choose
- make things

You can say things by talking or signing, or by using any other means to let someone know what you want to say.

You can choose and show things by using:

- pictures
- digital recording
- other means

- photographs
- computer

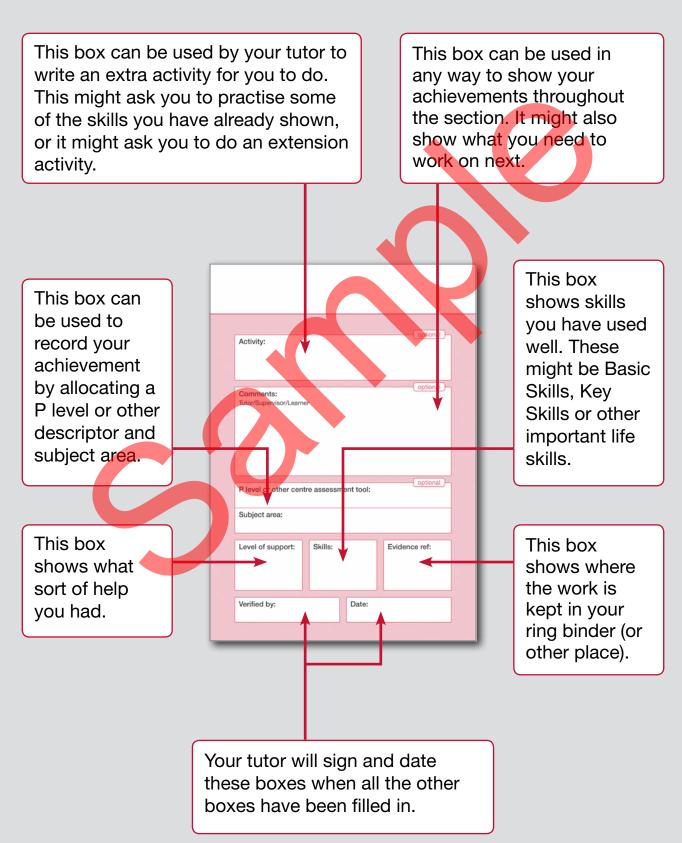
or by telling someone else so they can write or do it for you. All the way through you can have as much help as you need.

As you complete each activity, you or your tutor can tick the box shown alongside the activity and the corresponding box on the **Record of Activities** page.

When you have finished the module, remember to complete the **Module Review** and **Next Steps** at the end of the book.

Record Boxes

At the end of each section you will find a page of record boxes:



Levels of Support

Ask your tutor to talk to you about these:



NH No Help - you can do things on your own



SH Spoken/Signed Help – you are helped by someone speaking or signing suggestions to you



GH Gestural Help – you are helped by someone using hand signals or other gestural prompts



PH Physical Help – you are helped by someone holding you and/or helping you to move



SE Sensory Experience – you are given the opportunity of being involved through a sensory experience, e.g. hearing, touch, sight or taste



ER Experience Recorded – you are provided with an experience of the activity but are unable to take part

Section A:

Using a sensory room

1	Show that you know the activity is going to happen (e.g. using an object of reference).	
2	Go to where the activity will take place.	
3	Show which parts of the sensory room you like to use.	
4	Follow your individual programme in the sensory room.	
5	Respond to the person who is working with you.	
6	Share an activity in the sensory room with a friend.	
7	Use a new piece of equipment in the sensory room.	
8	Show which areas in the sensory room help you feel calm and relaxed.	
9	Show that you know when a session is finished.	

Section A:

Using a sensory room

			optional
Activity:			
Comments:			optional
Tutor/Supervisor/Learne	er		
			*
P level or other cent	re accessm	ent tool:	optional
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Subject area:			
Level of support:	Skills:		Evidence ref:
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Verified by:		Date:	
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Section E:

Rebound therapy and use of a trampoline

Important: For health and safety reasons, when using a trampoline tutors must hold a relevant specialist qualification (e.g. Trampolining Coaches Award or equivalent).	
1 Show that you know the activity is going to happen (e.g. using an object of reference).	
2 Go to where the session will take place.	
3 Get on to the bed or platform.	
4 Show the position that you like to work in.	
5 Take part in your individual programme.	
6 Show which part of your programme you like.	
7 Respond to the person who is working with you.	
8 Show you know when the session is finished.	

Section E:

Rebound therapy and use of a trampoline

			optional
Activity:			
			optional
Comments:			Optional
Tutor/Supervisor/Learne	er		
		<u> </u>	optional
P level or other cent	re assessm	ent tool:	Optional
Subject area:			
Level of support:	Skills:		Evidence ref:
Marie and h		Dal	
Verified by:		Date:	

Section I:

Other therapies

This section can be used to include any other therapies that you may be receiving.

For example:

- Speech therapy
- Dance therapy
- Drama therapy
- Sound beam
- o Peer massage
- Other





- 3 Help to collect the equipment that you will need.
- 4 Take part in your individual programme.
- 5 Show which part of your programme you like.
- 6 Respond to the person who is working with you.
- 7 Show you know when the session is finished.





Section I:

Other therapies

Activity:			optional
Comments: Tutor/Supervisor/Learne	er		optional
P level or other cent	re assessm	ent tool:	optional
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	

Next Steps

My next challenge:
Activities and modules that will help:
Who can help me and when:
Remember to record that you have completed this module and review on the Record Page in your Starting Out module.
Learner signature:
Tutor/supervisor signature:
Date:



