## Custom Sensory Bag Information

Contact Info:
Name of Contact Person: $\qquad$
Email: $\qquad$ Phone \# $\qquad$
Information for Bag:
Persons Name: $\qquad$
Place of Birth/Ethnic Background: $\qquad$
Education/Career/Work History: (please describe in detail, and if possible dates)

Family: Spouse, siblings, children, grandchildren, best friends
$\qquad$
$\qquad$
$\qquad$

Religious Affiliations:

Clubs and Organizations:
$\qquad$
$\qquad$

Places they have lived:

## What type of attire did they wear for work or leisure?

Favorite TV/Radio Station and favorite show

Favorite Topic to talk about?
$\qquad$
$\qquad$
$\qquad$

Favorite Game (Cards, dice, board)
$\qquad$
$\qquad$

Book/Magazine Preference

Music Preference
$\square$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Do they love animals/outdoors? Please Describe

Favorite Holiday/Season

## Favorite Color

Favorite Food and Drink

## Places they have traveled to

## Hobbies/Collections/Passions

5 Sens Activities
Experience Stimulated learning

## What stresses/frustrates them

What Relaxes them?

Favorite Pastime
$\qquad$
$\qquad$
$\qquad$

Please add any other unique information or comments that might be helpful

