



September 2026

e-SENSE



www.sensoryproject.org

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Curious about how these pieces fit together in real life?
Explore more at www.sensoryproject.org



The PEAR TREE™ Lens

helps us look at the whole picture – Person, Environment, Activity, Relationships, Tools, Regulation, Engagement and Experiences – so we can understand needs, reduce barriers and support wellbeing.



**PEAR TREE™
LENS**

SEEING DIFFERENTLY

Our much-loved Mental Health & Wellbeing course has been reimagined.

Seeing Differently is its next chapter: a new three-part Click & Connect workshop series that brings together everything we have learned through practice, lived experience, research, teaching, and co-production. It is still grounded in sensory integration. It is still focused on people and everyday life. But now with an even stronger emphasis on participation, relationships, context and what helps people do the things that matter to them.

A familiar course, seen differently.

Why we have reimagined the course

Over time, managers, team leads, and organisations have asked us for greater flexibility. They wanted sensory learning that could reach a wider workforce, fit more easily onto busy services, and allow staff to build their understanding in manageable stages rather than requiring them to commit to a longer course all at once.

They also asked us how to create a shared sensory language across whole teams, while still recognising that different staff will use the learning differently depending on their role, responsibilities and scope of practice.

Seeing Differently has grown directly from those conversations.

We have taken our long-established Mental Health & Wellbeing course and reimagined it as three connected Click & Connect workshops. This makes learning easier to access, easier to apply for workforce development, and easier for services to offer across different staff groups.

The three-part format allows people to build their understanding gradually, reflect between sessions, and begin applying what they notice in their own setting.

For managers, it offers greater flexibility too. Staff can learn together, organisations can plan attendance around service pressures, and the workshops can sit within a wider programme of workforce development rather than relying on one nominated “sensory person”.

The content has evolved as well.

We have brought together what we have learned through practice, lived experience, research, teaching, and co-production, with an even stronger focus on participation, relationships, environments, trauma, sensory-motor foundations, and the everyday contexts in which people live, learn, work, and receive support.

It is the course many of you will recognise, but reshaped for the questions services are asking us now.

- More flexible.
- More participation-focused.
- More connected to everyday practice.

And designed to help whole teams begin Seeing Differently.



A message from the team at ASI Wise and Sensory Project



Welcome to the first edition of our refreshed e-SENSE newsletter.

As summer continues, we wanted to pause and celebrate what our community is making possible. This edition brings together joyful news, thoughtful practice, shared learning and important updates from across ASI Wise and Sensory Project.

Inside, you can read about our two award nominations, the growing international reach of Sensory Ladders®, our new Sensory Awareness learning for health, care and schools, and the Communities of Practice that continue to offer connection, encouragement and a place to think together. You will also meet some of the people who generously contribute their knowledge, experiences and professional curiosity to this work.

There is even more to come over the next few weeks. Watch out for our Summer School series, which offers opportunities to pause, reconnect and deepen learning through specialist webinars, practical ideas and carefully curated resources. Whether you are developing your clinical reasoning, exploring participation through a sensory lens or looking for fresh inspiration for your practice, we hope there will be something that feels meaningful and useful.

We will also be launching our new Sensory Project membership pathways, with choices for individuals, families, the wider health, care and education workforce, and allied health professionals.

Our special summer membership offer will include additional learning and resources, with benefits shaped around the needs of each community.

Sensory Ladders® learning will, of course, remain freely accessible.

Membership will create additional opportunities for those who would like certificates, practice tools, specialist learning, Communities of Practice and sustained support.

Alongside this, our refreshed website will make it easier to find the learning, resources and support that are right for you.

Thank you for learning with us, sharing your experiences and helping us continue to build something relational, practical and grounded in co-production. We are excited to share this next chapter with you.

With warmest wishes,

*The Sensory Project
Team x*

TWO AWARD NOMINATIONS

As summer continues, we wanted to pause and share some joyful news, celebrate what our community is achieving together

We are excited and deeply grateful to have been nominated for two awards.

Sensory Ladders® has been nominated for an Innovation award, recognising an approach that has evolved over more than 20 years of occupational therapy practice, co-production, and shared learning.

Our Sensory Awareness in Everyday Practice programme has also been nominated for Care Supplier of the Year. Developed for the NHS and wider health and care services, the programme supports staff in understanding

sensory needs; translating awareness into practical, relational and neuro-affirming care.

These nominations recognise far more than two learning resources. They celebrate the people with lived experience, families, therapists, educators, health and care colleagues, translators and international partners who have shaped, tested and shared this work.

We remain committed to making practical sensory learning accessible, meaningful and grounded in everyday participation.



The growing reach of Sensory Ladders®

Since moving online in 2021, the English Sensory Ladders® resources have welcomed more than 40,000 unique visitors. This represents considerable hours of education made freely available to families, practitioners, educators and communities.

Sensory Ladders® resources are now available across 19 languages, supported through our Global Translation Project.

These figures are humbling. Each visit represents someone seeking a more compassionate way to understand sensory experiences, recognise what may be happening underneath actions and support meaningful participation.

Sensory Ladders® learning will remain freely accessible. We are also developing optional certificate pathways for people who would like to deepen their learning through additional teaching, reflection and applied activities.

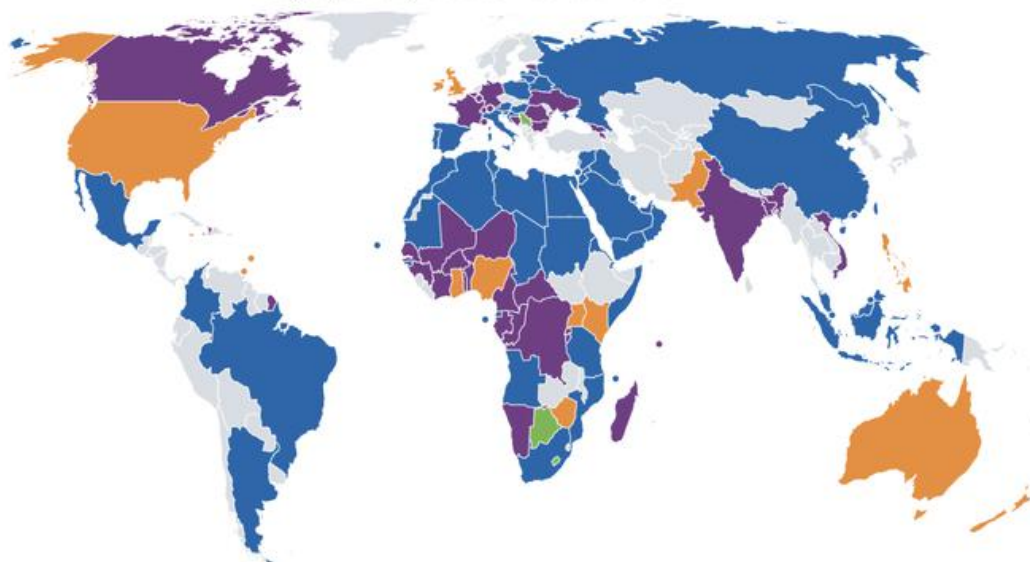


Scan here to access the new look Sensory Ladders®



Sensory Ladders® Translation Project

Languages Being Translated Around the World



English-speaking Languages completed Languages in development Languages looking for volunteers

Where categories overlap, completed translations are shown first, followed by translations in development, English-speaking coverage and languages looking for volunteers.

For more information about the Sensory Ladders Global Translation Project

Scan here



Sensory Awareness across Health, Care and Schools

Our Sensory Awareness in Everyday Practice programme is ready to welcome learners. We have launched this project, which includes the PEAR TREE™ Lens for the Multidisciplinary Team.

Created for Health, Social Care and Education Professionals and the wider health and care workforce, this is more than a one-hour webinar. It forms part of a supported digital learning and implementation package that combines sensory awareness, practical application, and quality improvement.

The learning explores how everyday environments, routines, interactions and sensory experiences can influence distress, comfort, engagement, well-being, and recovery. It supports teams in noticing sensory needs, making thoughtful adjustments earlier, and considering sensory-informed approaches before resorting to restrictive practices.

The programme introduces the PEAR TREE™ Lens and Sensory Ladders®, helping staff move beyond behaviour-focused interpretations and ask more curious questions about what may be happening between the person, their environment, activities and relationships.



“Really good length of training – felt you had ‘learnt something’ but it wasn’t too time-consuming.”

“Seek opportunities to use sensory-informed interventions to improve patient engagement, comfort and quality of care.”

“Much more forward thinking in their approach to understanding behaviours and distress.”

Click or scan here for our Sensory Awareness across Health, Care and Schools.



“The ‘so what’ section was really helpful in terms of how we can apply the learning to practice.”

Staff described the learning as relevant, practical, insightful and meaningful.

They particularly valued:

- the practical focus on applying learning in everyday clinical practice
- its relevance to inpatient mental health settings
- the PEAR TREE™ Lens and Sensory Ladders®
- the emphasis on co-production, engagement and wellbeing
- the manageable course length and flexible digital format
- the clear connection between sensory understanding and less restrictive care

“Sensory Ladders® helped us understand the impact of sensory bias and the importance of co-production to enhance patient co-operation and wellbeing.”

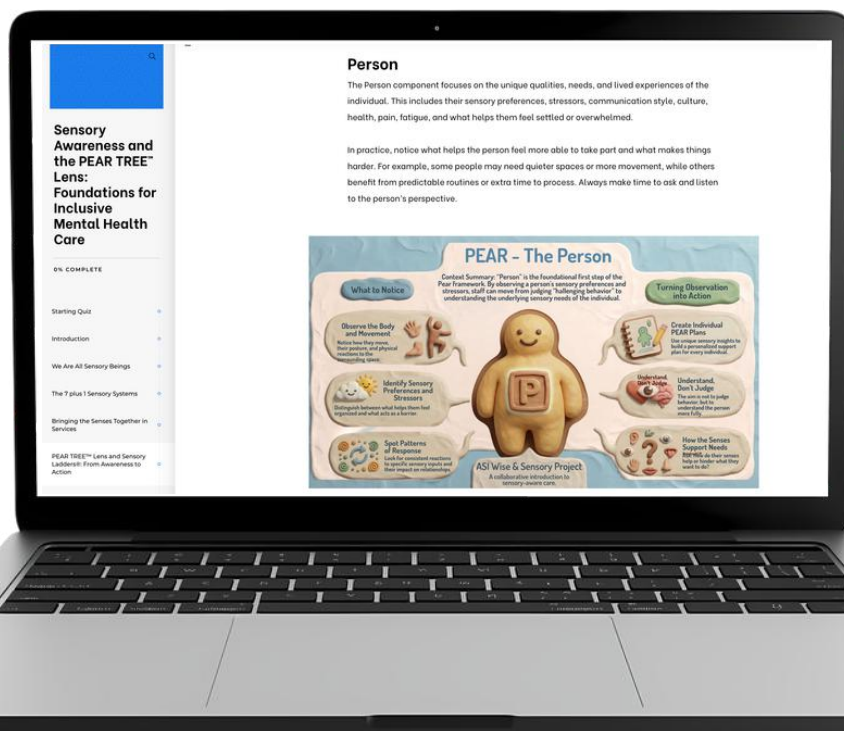


“Sensory is ‘core’ to everything we do. There is a lack of understanding around this, and it should be our first thought when we think about behaviours.”

This feedback matters because awareness is only the beginning.

The real value is in what changes afterwards: the questions people ask, what they notice, how environments are shaped and how care is offered alongside each person.

Thank you to everyone who took part, reflected honestly and helped us continue improving the programme.



Your voices are shaping learning that we hope will support

- more responsive, relational and less restrictive care across health and care services.

**NHS Sensory Awareness
A Supported
Digital Learning and
Implementation Package**

Launched on 1 August 2026

Neurodiversity, Trauma and Sensory Integration in Emergency Services

Emergency encounters ask a great deal of everyone involved. Decisions often need to be made quickly, sometimes in unfamiliar, unpredictable or high risk situations. Sirens, lights, equipment, touch, movement, procedures, pain and uncertainty can all influence how possible it feels for someone to communicate, process information and participate in their care.

Launched this August, Module 1 explores neurodiversity, trauma and sensory processing within emergency and pre-hospital encounters.

The course invites emergency service staff, educators and service leaders to look beyond behaviour-focused interpretations and become curious about what may be happening between the person, the environment, the activity and the relationships around them.

We will consider rapid triage, relational intention and infrastructure, embodied evaluation and ethics. We will explore how sensory experiences may contribute to overload, shutdown, distress or actions that are sometimes misunderstood as refusal or non-compliance.



Blackdown Medical's Multi-agency major incident exercise in Lyme Regis 30 June 2026

Image courtesy of @thisislymeregis photography

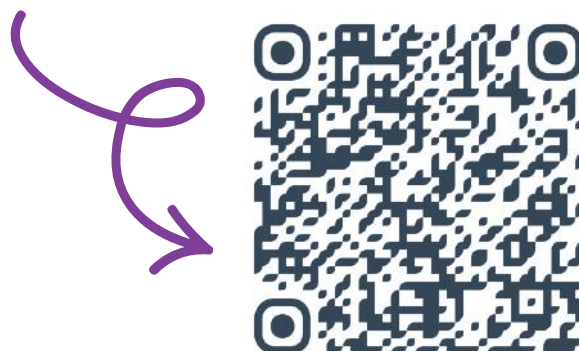


This is not about asking already stretched teams to do more. It is about noticing differently and recognising the moments where a practical, sensory-informed or relational adjustment may support communication, dignity, participation and safer clinical work.

Sometimes emergency care must happen quickly. At other times, even a brief pause, a clearer explanation, a change in approach or a different way of using touch, equipment or the environment may make care more possible.

Respond Differently, Not Harder.

Book here





One of the things that makes ASI-Wise and Sensory Project so special is our Communities of Practice. Every month, people from across the UK, the Channel Islands and around the world come together to connect with others who share a passion for sensory integration, participation and making a difference.

These communities are a place to network, exchange ideas, celebrate innovation, seek support, discuss challenges, share resources, and build relationships across professions, sectors and countries. They are shaped by the people within them, everyone brings something different, and every voice adds value.

Whether you've been with us for years or have only just discovered us, you'll always be welcome.

“Our vision remains the same: a community for life, where no one is left behind.”

Communities of Practice Peer Support

Over the coming pages, you'll hear directly from some of our Community of Practice facilitators and members about what makes their groups unique and why they remain such vibrant, supportive spaces.

Help shape what's next

Our Communities of Practice continue to grow because they're built with our community, not for it. We'd love to hear your ideas, suggestions and aspirations. Whether you'd like to propose a discussion topic, share your experiences, help organise a session, co-facilitate a Community of Practice, or support in another way, we'd love to hear from you.

- Please take a few moments to complete our short [Microsoft Form](#) and help shape the future of our Communities of Practice.

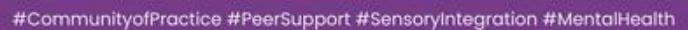


Together, we're creating a community where everyone belongs, everyone contributes, and no one is left behind.

BY KATIE CROWFOOT



Crowfoot et al. 2026



How could I use it?

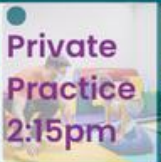


Smith et al. 2023

Community of Practice Calendar



Bi-monthly groups run on odd months (Jan, March, May, Sept, Nov)

	Monday	Tuesday	Wednesday	Thursday	Friday
First week of the month		 LD 7:30pm		 Perinatal 7:30pm Bi-monthly	
Second week of the month				 Forensic 7:30pm	
Third week of the month	 Private Practice 2:15pm	 ED 7:30pm Bi-Monthly	 Coffee & Chat 7:30pm	 MH 12 noon	 Schools 2pm
Fourth week of the month			 Research Collective 8.00pm		
Fifth week of the month					

Sensory Integration is Everyone's Business
a community for life | a community of practice | no one left behind



Join our other
Communities of
Practice here

Community of Practice - Mental Health

For the past three years, I've had the privilege of co-leading the Sensory Project Mental Health Community of Practice, bringing together occupational therapists and other professionals who are passionate about developing sensory integration-informed practice across mental health services. The group provides a supportive space to connect with colleagues working across the lifespan and in a wide variety of settings, including CAMHS, adult community mental health teams, inpatient services, older adult mental health, forensic services, rehabilitation services, crisis and urgent care pathways and specialist neurodevelopmental services.

One of the things I value most is learning from the diverse experiences of others and seeing the many different ways sensory integration principles are translated into everyday clinical practice.

A common thread within our community is that many members are championing sensory integration within their own services, often as the only, or one of few therapists leading service development. Introducing new ways of working can sometimes feel challenging, particularly when you're navigating change in isolation. This community offers a place to share ideas, problem-solve together, celebrate successes, and gain encouragement from others who truly understand the journey. It reminds us that we are part of a wider movement working towards more participation-focused, neuroaffirming, trauma-informed, and evidence-based mental health care.



Our discussions are shaped by the needs and interests of the group and have included journal clubs, sharing sensory integration assessments and intervention approaches, exploring outcome measures, developing sensory-informed environments, reducing restrictive practices, improving service user experiences, embedding sensory approaches within multidisciplinary teams, discussing complex clinical cases, evaluating emerging research, sharing experiences of implementation and change management, and reflecting on the practical realities of delivering sensory integration-informed practice in busy mental health services.

Every session reinforces the value of collective learning, reflection, and collaboration, and I continue to leave each meeting feeling lucky to be a part of a group of committed therapists who make this community such a valuable space.

BY LYNSEY STOCKS



Click [here](#) to join our next Mental Health session

Forensic Mental Health

The Forensic & High Secure Peer Support Group continues to develop as an essential learning forum for clinicians working across high secure hospitals, medium and low secure inpatient services, and community forensic teams. Recent sessions have focused on the realities of completing sensory-informed assessments within complex, high-risk environments, with members openly reflecting on the practical, relational, and environmental challenges involved.

Clinicians have highlighted how sensory needs present differently across settings, from the restrictions and heightened safety considerations of high secure units to the unpredictable nature of community forensic work. These discussions have supported rich peer learning, emphasising how assessment approaches can be adapted to remain safe, ethical, and clinically meaningful regardless of context.

The group has explored strategies for gathering sensory information when movement, equipment, or space is limited, and how to interpret findings within the realities of risk management, trauma histories, relational security, and multidisciplinary practice. Members have also shared creative ways to embed sensory-based interventions into everyday routines, ward environments, and community forensic pathways, ensuring sensory needs are recognised and supported across the whole system.

BY CRAIG SEARLE



Celebrating Helen Brennan's RCOT presentation

We are incredibly proud of Helen Brennan, Occupational Therapist and Lead of our Perinatal Mental Health Community of Practice, who recently presented at the RCOT Perinatal Mental Health Community Conversation.

Helen is the creator of **Self Regulation: Using a Sensory Integrative Approach**, a patient-informed and evidence-based book developed for the Cheshire and Mersey Specialist Perinatal Service. Her presentation explored how sensory experiences can influence participation during pregnancy and early parenthood, particularly for neurodivergent parents and those with experiences of trauma.

Helen shared how the book supports collaborative exploration through sensory awareness, reflection, Sensory Ladders®, Sensory Spiders™ and personalised planning. Practical examples demonstrated how thoughtful changes to activities, routines and environments can reduce anxiety and help everyday participation feel more possible.

We are so proud to have Helen leading our Perinatal Mental Health Community of Practice and sharing this important clinical innovation with the wider occupational therapy community.

BY KATH SMITH

Community of Practice - Sensory Based Eating Differences

Communities don't just happen; they grow through people. The Sensory-Based Eating Differences Community of Practice has continued to evolve because of the generosity, curiosity and passion of everyone who has been part of it. Every conversation, every question, and every shared experience has helped shape a space where people feel welcome, supported, and connected.

For me, that's what makes this community so special. It isn't about having all the answers or delivering formal teaching. It's about creating the time and space to pause, reflect, exchange ideas and have honest conversations with others who share an interest in sensory-based eating differences. Some people come with questions, some come to share their experiences, and others simply listen and reflect. Every contribution matters, and every perspective helps us all think a little differently.

Like many of our Communities of Practice, we've continued to evolve. We've experimented with lunchtime and evening sessions, recognising that there isn't a perfect time that suits everyone.

Rather than striving for perfection, we've focused on being responsive, listening to feedback, adapting where we can and ensuring the community continues to meet the needs of those who are part of it.



One piece of feedback that has stayed with me came from a member who shared:

"I'm so grateful this community exists. The support, kindness and generosity of everyone involved have been invaluable, and it's reassuring to know I'm not exploring these challenges alone."

For me, that perfectly captures why these communities matter. They remind us that we don't have to navigate complex practice in isolation. Sometimes the most valuable thing isn't leaving with an answer, it's leaving feeling supported, inspired and connected.

I also want to take a moment to say a heartfelt thank you to Amy Fisher and Rachael Dixon. This Community of Practice simply wouldn't be what it is without their enthusiasm, kindness and commitment. Amy played a key role in establishing this group, bringing a wealth of expertise from Clinical Eating Disorder Services. As we wave Amy off to her exciting new adventure within Learning Disability Services, I want to thank her for everything she has contributed. I know she'll continue to make a real difference in her new role, and we wish her every success. I'm equally grateful to Rachael Dixon, who has continued this journey alongside me. Together, we've had the privilege of supporting this wonderful community as it has grown, and I'm excited about where we can take it next.

Looking ahead, I'd love to see this community continue to grow. Every new member brings fresh ideas, different experiences and new questions that help shape our future discussions. Whether sensory-based eating differences are part of your practice, your research, your lived experience, or you're simply curious to explore the topic further, we'd love to have you join us. Together, we'll continue to build a welcoming community where everyone has something to contribute, everyone has something to gain, and, most importantly, no one is left behind.

BY KATIE CROWFOOT

Our Research Collective News... MSc & Beyond

One of our favourite things about our Research Collective happens every fourth Wednesday at 8 pm, when people come together to talk about research. The monthly group is important, but our ambition is much broader than a tutor group. We want to develop a collective of research-active therapists across the UK and Ireland, while welcoming colleagues and students from around the world.

Its origins were in offering support and encouragement to people pursuing master's and doctoral studies at Ulster University and beyond, and that supportive purpose remains. If you are already flinching slightly at the thought of something as all-encompassing as research, we promise the conversations are friendly, practical and often fun!

There is an academic adage that "all research is research". What may initially feel like a great deal of work gives us an opportunity to think about the questions we quietly notice, often in practice but sometimes at a more universal level in daily life. Most of us have an irritant, an unanswered question or a wish to know more or do something differently.

Members join us at every stage, from wondering whether an idea could become research to formulating a question, searching the literature, choosing a methodology, making sense of data and preparing work for publication. We consider input from research supervisors at Ulster University as part of a dialogue about what people want to achieve, while also learning from one another's experience.



Welcoming people who are considering research is just as important as supporting those already studying. Potential students bring clinical queries, postgraduate researchers practise making their work accessible, and research-active therapists share the realities of developing evidence alongside busy practice. People may leave with a new article to read, another perspective to consider or renewed positivity about their own work. Being an allied health professional means continuing to learn, but it does not mean learning alone. We are proud of the international direction this collective is taking.

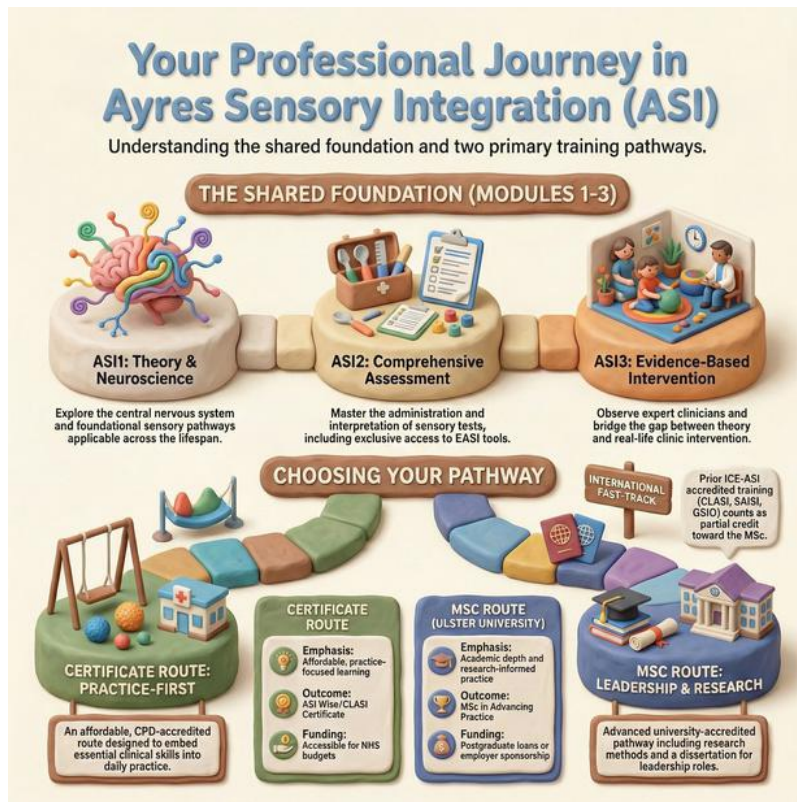
Students who have completed learning through other ICE-ASI accredited programmes can explore Ulster University's generous arrangements for recognising eligible prior learning. This creates an exciting opportunity to build on their existing education and, where university requirements are met, continue towards a master's degree rather than beginning again. International students bring questions shaped by services, schools and communities in their own countries, while joining research-active therapists across the UK and Ireland in shared discussion. A project may begin in an NHS service, a school, a prison or a community centre and still carry meaning globally.

Amazing things come from welcoming people and supporting their ideas. We look forward to growing a collective where questions can be tested, research can be strengthened and therapists can contribute evidence that supports thoughtful, participation-focused practice around the world.

BY MAGGIE MORTON



ASI Wise Modular Programme



“Presenting my own case study was initially daunting, but the feedback and discussion were invaluable. Hearing different perspectives from experienced tutors and colleagues around the world challenged my thinking and has genuinely changed my practice for the better.”

One of the most rewarding parts of the ASI-Wise Modular Programme is watching our tutor groups come to life. While the modules provide the knowledge and evidence, the tutor groups are where that knowledge is explored, challenged and translated into practice.

Throughout the programme, learners have the opportunity to observe and discuss case studies from colleagues working across different professions, services and countries before presenting one of their own.

It's a supportive environment where everyone learns from one another, receiving constructive feedback from internationally recognised ASI educators and peers.

Those conversations often spark new ideas, strengthen clinical reasoning and give learners the confidence to take enhanced practice back into their own services.

For me, that's what makes the tutor groups so special. They're not about being assessed; they're about creating a psychologically safe space where reflective practice flourishes, questions are always welcomed, and everyone contributes to each other's learning and development in this supportive space.

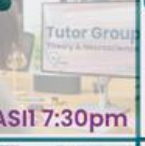
Watching our learners grow in confidence, refine their clinical reasoning and then go on to influence practice within their own organisations is a real privilege; from neuroscience presentations on ASI1, to assessment and onto intervention case studies across the lifespan. The tutor groups don't simply support successful module completion; they support clinicians in developing, enhancing, and sustaining their practice.

They create a ripple effect that ultimately benefits the people and communities we all serve and work alongside in co-production.

Tutor Group Calendar

Join our Tutor Groups

You do not need to be studying one of our modules to attend. Sign up today to explore case studies, experience clinical reasoning live, and enjoy time for questions, discussion and shared learning.

	Monday	Tuesday	Wednesday	Thursday	Friday
First week of the month					
Second week of the month					
Third week of the month					
Fourth week of the month					
Fifth week of the month					

Sensory Integration is Everyone's Business
a community for life | a community of practice | no one left behind

Sign up requires the upload of your learning certificates from other providers and a copy of your HCPC, CORU or Other Regulatory Body Certificate.



News About Skool

Connect through our ASI Wise and ICE-ASI Skool communities

Our Communities of Practice create supportive spaces where people can ask questions, exchange ideas, reflect on practice and learn alongside others who understand their area of work.

Our ASI Wise Skool communities help these conversations continue between live sessions. Members can connect with others, share experiences, revisit learning, explore resources and remain involved in the Communities of Practice that are most relevant to them.

The ICE-ASI Skool community extends this opportunity internationally. It creates another place to meet therapists from around the world and explore how Ayres' Sensory Integration® education and practice are developing across different countries, cultures and services.

Signed-in members will find direct links to the relevant ASI Wise Skool communities and the ICE-ASI Skool community through our membership pages. Links are also included within the Learning Spaces dedicated to our Communities of Practice, helping members move easily between live sessions, shared resources and ongoing community conversations.

These Skool communities do not replace our tutor groups or live Communities of Practice. They create additional opportunities for connection, shared learning and participation.

Not only during a scheduled session.
Not only within one area of practice.
Not only across the UK and Ireland.



Through our ASI Wise Skool communities and ICE-ASI Skool, members can continue learning, sharing, questioning and building relationships with others locally, nationally and internationally.

International Council for Education in Ayres Sensory Integration

ASI Wise is a full organisational member of the International Council for Education in Ayres Sensory Integration, known as ICE-ASI. We represent the UK within this international network, with a seat at the Council and a country-based vote.

This gives us an opportunity to contribute to the conversations and decisions shaping internationally agreed standards for education in Ayres' Sensory Integration®.

Our ASI Wise Modular Programme is ICE-ASI accredited. Accredited in 2024, the programme has been reviewed against internationally agreed expectations for education in Ayres' Sensory Integration®. For therapists learning with us, this provides assurance that their education is aligned with recognised international standards while remaining relevant to practice across the

lifespan, the NHS, HSE, education and wider services.

Being part of ICE-ASI also connects our professional community with therapists, educators and researchers around the world. Eligible ASI Wise professional members can benefit from ICE-ASI educational webinars, specialist resources and international networking opportunities.

We are proud to have a voice within this international community and to offer learning that contributes to the continuing development of high quality, participation-focused Ayres' Sensory Integration® education.



www.ice-asi.org

ASI Wise and Sensory Project will be at

OT Show 26 November 2026 NEC

Come Join Us

Stand
K52



Come and hear about:

- The Pear Tree Lens™
- Sensory Ladders®
Global Translation
Project
- Our Modular program
- Our Communities of
Practice

Visit our Pop-up Shop for
Sensory Goodies and more



Upcoming Events

ASI 4 Schools Series



Please note the following changes to our schools programme:

- Universal, Targeted and Specialist Support: Choosing the Right Level of Input will now take place on 27 October 2026.
- Advocacy in Schools will now take place on 24 November 2026.
- Restraint Reduction in Schools will now take place on 1 December 2026.

We apologise for any inconvenience and appreciate your understanding. An updated timetable will be shared with everyone registered for the programme.



ASI2 On the Road

**2027 Spring
Newcastle**

**2027 Summer
Belfast**

**2027 Autumn
London/Midlands**

**2028 Spring
Leyland**

**2028 Summer
Belfast**

**2028 Autumn
Cornwall**



Sensory Choices Checklist™ and Clinician's Guide

Online Shop

From sensory conversations to everyday participation

Looking for more than another list of sensory activities?

First developed in 2001 by occupational therapists Kathryn Smith and Angie Turner alongside people using Cornwall Partnership NHS Trust services, Sensory Choices Checklist grew from a commitment to listening, choice and personalised support.

Rather than deciding what should be calming or alerting, it invited people to explore what worked for them. The revised 2026 edition builds on more than two decades of practice and co-production, helping you move from “Which sensory activities?” to “What matters to this person, and what could make everyday participation more possible?”

A practical structure for your clinical reasoning

Used through the PEAR TREE® Lens, the checklist considers the Person, Environment, Activity and Relational response together. It supports occupational profiling, collaborative formulation, meaningful goal setting and co-produced changes to activities, environments and support. It helps you consider what needs to change, without placing the whole responsibility on the person.

What is included?

The Clinician's Guidebook, person-facing checklist, paper completion forms and shared reflection pages explore sensory experiences alongside environmental, digital, relational and access choices. Planning and review pages help you agree what to try, who will make it possible and how you will review the difference together.

Flexible conversations, not fixed scores

Explore only the sections that matter, using the person's preferred communication. There is no requirement to complete everything in one session. This is a reflective conversation tool, not a diagnostic or standardised assessment, with no scores or fixed sensory types.

Bring curiosity, choice and shared understanding into your practice.

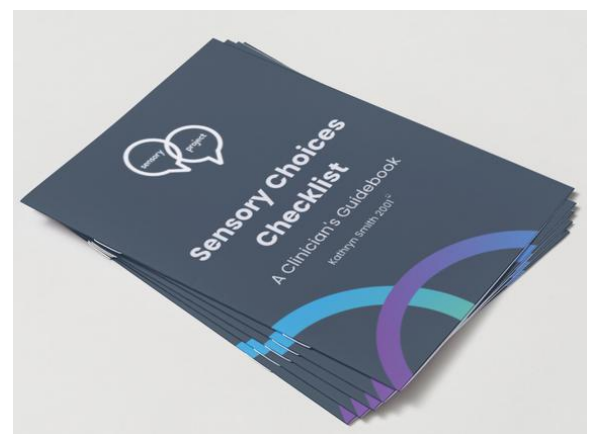
Introductory Offer

**Purchase the
Sensory Choices Checklist™
and
A Clinician's Guidebook
before 5 October 2026 for £49.99**

(from 5 October 2026 the price increases to £79.99)



**For Posters, Tools
& Sensory Goodies,
visit our
online shop**



For Posters, Tools & Sensory Goodies,

Visit our online shop



My Sensory Choices Checklist™

v.2 Through the PEAR TSP™ LENS



1. Inner body signals

What do I notice in this sensory area?

- Detect any true signals. These describe experiences, not a score.
- Supports mood, breathing or recovery.
- Strongly notice knowledge.
- Felt neutral, or no clear change.
- Depends on time, place, activity, people or context.

- Judge one's readiness, focused or distracted.
- Suggests safety, connection, strong awareness.
- Can become part of being so much in the moment.
- Something else is going on.

Body signal	Notice & safety	After or strong	Notice when strong or urgent	A choice	Notice or feel	Try to feel
100 Hunger	☐	☐	☐	☐	☐	☐
101 Fullness after eating	☐	☐	☐	☐	☐	☐
102 Thirst or dry mouth	☐	☐	☐	☐	☐	☐
103 Needing to pass urine	☐	☐	☐	☐	☐	☐
104 Needing to open my bowels	☐	☐	☐	☐	☐	☐
105 Feeling too warm or too cold	☐	☐	☐	☐	☐	☐
106 Heartbeat changes	☐	☐	☐	☐	☐	☐
107 Breathing changes	☐	☐	☐	☐	☐	☐
108 Energy changes	☐	☐	☐	☐	☐	☐
109 Fatigue or need for rest	☐	☐	☐	☐	☐	☐
110 Pain inside or outside	☐	☐	☐	☐	☐	☐

My Sensory Choices Checklist™

v.2 Through the PEAR TSP™ LENS

1. Inner body signals

My own words

Additional choices or experiences not listed

Additional notes

Trauma Informed Sensory Practice

Sensory experiences can be connected with memory, threat, safety, identity and control. A sound, smell, touch, movement, body sensation or environment that appears neutral to someone else may carry powerful meaning for the person.

Trauma informed sensory practice does not require disclosure of trauma and does not assume that distress confirms a trauma history. It creates conditions in which the person has information, choice, control and a genuine way to stop.

In practice

- Explain what is being explored and why.
- Ask permission before touch, movement, body focus or changing the environment.
- Offer predictable choices and enough processing time.
- Do not use forced exposure, compliance or sensory desensitisation as a default response.
- Notice signs of distress without deciding what they mean.
- Allow the person to pause, leave, return or choose not to continue.
- Consider tone, pace, proximity, power and who is present.
- Change environmental and relational conditions, not only the person's coping strategies.

Body scans, heartbeat monitoring, breath focus and other interoceptive activities can increase distress for some people. They must remain optional and should not be presented as universally grounding.



Relational safety

A sensory choice is affected by whether the person trusts the process, has control and believes their communication will be respected.

Neuro-affirming Practice

Sensory differences are part of human diversity. Perceive, discriminate, integrate and respond experiences affect action and participation.

A neuroaffirming approach does not see it supports people to understand their self they need and participate in ways that:

Neuroaffirming use of the checklist means

- valuing lived experience as knowledge
- using the person's own words or choices
- recognising sensory choices and experiences affect action and participation
- not treating avoidance, movement, self-regulation or access as a behaviour to extinguish
- accepting headphones, movement choices
- considering strengths, interests
- reviewing whether support is the person looks more typical

Med Sensory Practice

be connected with memory, threat, safety, identity and control. A sound, smell, touch, movement, body sensation or environment that appears neutral to someone else may carry powerful meaning for the person.

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- not treating avoidance, movement, self-regulation or access as a behaviour to extinguish
- accepting headphones, movement choices
- considering strengths, interests
- reviewing whether support is the person looks more typical



Stay curious

A visible response may have sensory, health, emotional, communicative, relational, or other supports. Support reduces effort and recovery cost, rather than whether the person looks more typical.

Across the lifespan | Infants, children and young people

Sensory integration functions and body signals develop within relationships, activity, health, culture and environment. The checklist may be adapted across the lifespan, but the questions, examples and communication methods must remain developmentally appropriate.

Infants and early years

Begin with family knowledge, daily routines, play and movement. Explore sleep, feeding, balance, mobility, cognition, pain, objects, activities, foods, places of connection, but familiarity should be assumed.

Children

Use play, images, objects, stories, drawing movement or AAC where these support communication. Ask what the child enjoys, needs, wants to change. Consider the demands of home, education, play, healthcare and community life, as well as the responses of others.

Adolescents and young people

Prioritise privacy, identity, autonomy and self-advocacy. Explore learning, friendships, online participation, sleep, travel, changing bodies, energy recovery and increasing independence. Agree and information may be shared with whom and for what purpose.



Across the lifespan | Adults

Adults

Sensory experience may interact with health, housing, travel and community movement, sound, touch, food, routine, them sensory supports. Begin with what make possible.

Consider changes linked with illness, pregnancy, menopause, stress and as a fixed sensory trait without appropriate support.

Older adults

Explore the person's usual sensory preferences, mobility, cognition, pain, objects, activities, foods, places of connection, but familiarity should be assumed.

Consider access, falls, swallowing, communication and the sensory person contributes information and communication and from professional interpretation.



lifespan | Infants, children and young people

Sensory integration functions and body signals develop within relationships, activity, health, culture and environment. The checklist may be adapted across the lifespan, but the questions, examples and communication methods must remain developmentally appropriate.

Infants and early years

Begin with family knowledge, daily routines, play and movement. Explore sleep, feeding, balance, mobility, cognition, pain, objects, activities, foods, places of connection, but familiarity should be assumed.

Children

Use play, images, objects, stories, drawing movement or AAC where these support communication. Ask what the child enjoys, needs, wants to change. Consider the demands of home, education, play, healthcare and community life, as well as the responses of others.

Adolescents and young people

Prioritise privacy, identity, autonomy and self-advocacy. Explore learning, friendships, online recovery and increasing independence. Agree and information may be shared with whom and for what purpose.

Hold important knowledge. Their perspective is central.

Helping the child or young person

Across the lifespan | Adults and Older Adults

Adults

Sensory experience may interact with work, study, caregiving, parenting, relationships, health, housing, travel and community movement, sound, touch, food, routine, them sensory supports. Begin with what already works and what the person wants to make possible.

Consider changes linked with illness, injury, pain, fatigue, sleep, medication, pregnancy, menopause, stress and life transitions. Avoid interpreting a new difficulty as a fixed sensory trait without appropriate health review.

Older adults

Explore the person's usual sensory preferences alongside changes in hearing, vision, balance, mobility, cognition, pain, medication and physical health, familiar music, objects, activities, foods, places and relationships may support identity and connection, but familiarity should never be assumed.

Consider access, falls, swallowing, skin integrity, temperature, equipment, communication and the sensory person contributes information, distinguish their observation from the older person's own communication and from professional interpretation.



Stay curious

A visible response may have sensory, health, emotional, communicative, relational, or other supports. Support reduces effort and recovery cost, rather than whether the person looks more typical.

Online Pop Up Shop

new tools each week in our
PEAR TREE™ Lens Tools for Practice Series



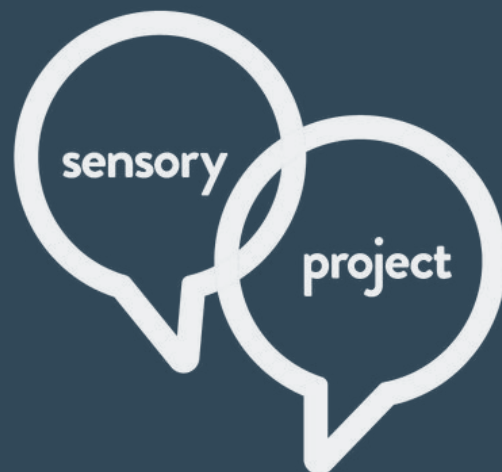
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