

Special Event Worksheet

Name of Event	
What it will include:	<input type="checkbox"/> altitude change <input type="checkbox"/> being more active <input type="checkbox"/> crowds <input type="checkbox"/> eating out <input type="checkbox"/> sensory overstimulation <input type="checkbox"/> schedule change <input type="checkbox"/> sleeping away from home <input type="checkbox"/> socializing <input type="checkbox"/> time outdoors <input type="checkbox"/> time zone change <input type="checkbox"/> travel <input type="checkbox"/> walking/standing <input type="checkbox"/> weather/climate change (heat, cold, humidity, dry) <input type="checkbox"/> other:
Duration of event:	_____ (circle one) hours days weeks date(s):
Before:	
During:	
After:	
What worked, what didn't & what to try next time:	