BUILD YOUR SENSORY ROOM *with* FREE QUOTES AND DESIGN SERVICES

ROOM CONCEPT

Briefly describe your Sensory Room Concept

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PURPOSE/OBJECTIVE FOR SENSORY ROOM (check all that apply):

☐ Active Play
☐ Calming
☐ Concentration
☐ Focus
☐ Relaxation
☐ Socialization
☐ Soft Play
☐ Stimulation
  ☐ Visual ☐ Kinesthetic
  ☐ Auditory ☐ Tactile

POPULATION SERVED

What are the developmental needs of the children and/or teens who will use the Sensory Room and/or Break Boxes! (check all that apply)

☐ ADHD
☐ Auditory Processing
☐ Autism
☐ Balance and Coordination
☐ Behavior Issues
☐ Cerebral Palsy
☐ Communication/Language
☐ Down Symdrome
☐ Sensory Integration
☐ Social Skills
☐ Other - please specify
____

What are the age ranges? ____________________________

Do you need to accommodate wheelchair users? Yes ___ No ___

How many students do you expect will use the Sensory Room at the same time? 1-2 ___ 3-4 ___ more than 4 ___

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FLOOR PLAN - Please attach room schematic if available

Length x Width of Room ____________________ Length x Width of Doorway ____________________

Ceiling Height _______________ Type of Ceiling _______________ Floor Covering ________________

Location of doors & windows _________________________ (include pictures of room when possible)

BUDGET AND TIMING

Budget Range _____________________________________

What's your time frame for creating the Sensory Room? ______________________________

When do you need this quote? ______________________________

Anticipated Order Date ______________________________

Any specific products that are must-haves?

____

____

Any specific products that you do not want?

____

Any suggestions for new sensory products that we should develop?____________________________________

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ADDITIONAL COMMENTS

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____

____

CONTACT INFO

Your Name ____

Your Role ____

Name of your school or organization ___________________________________ Tax Exempt? Yes ___ No ___

Address ____

Phone ____ Email _________________________________

Fax ____ Best time to reach you ____________________________

Please email the completed form to kareng@enablingdevices.com or via fax 1-914-747-3480. We will respond within one or two business days.

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