

**Alpine School District
Sensory Equipment/Accommodation
Parental Consent Form**

Dear Parent/Guardian,

The following equipment and sensory accommodations have been proven, through research and practical use, to be effective in helping meet a student’s sensory needs, and to help improve participation, attention, and in-seat classroom work performance. We feel that these accommodations can be beneficial to your student’s educational performance. We are required to have your signed permission in order to use these intervention tools with your child. If you grant your permission with the use of these tools with your child please sign this form and send it back to the classroom teacher or the office.

Equipment/Accommodations:

- Yoga Stretches:** Posters on the wall encourage students to stretch in different poses.
- Jungle JumpaRoo:** This is an inflated rainbow-colored inner tube that students can jump on. The purpose is to provide deep pressure to joints and to exercise large muscle groups.
- Weighted Blanket:** provides your child with proprioceptive input for calming and improved attention
- Weighted Lap Pads:** provides your child with proprioceptive input for calming and improved attention
- Bean Bag Chairs:** provide slight “squeezing” sensory input.
- Blindfolds and noise canceling headphones:** calm a student by removing some sensory input for a few minutes.
- Vestibular Swing:** The vestibular swing is a suspended swing that provides movement that is necessary to meet a child’s vestibular needs. Movement may be calming or excitatory depending on the type of movement that is experienced.

****Trained classroom staff, under the consultation of an Occupational and/or Physical Therapist, will perform the use of the equipment/strategies listed above.***

If you have any questions or concerns about any of this equipment or accommodations, please contact the principal at 801-610-8107 or jbrunner@alpinedistrict.org.

I hereby give consent for my child to use the equipment and accommodations listed for Foothill Elementary’s Sensory Room. I understand that my child will be supervised at all times in the room.

Student’s Name _____ Teacher _____

Parent’s Signature _____ Date _____