

Wonderbox Audience info

Sensorium have requested any additional information that can assist them cater the performance to your student group. We will treat this information with confidentiality.

School Name:

Date of Performan

Child First Name	Child Age	Does this child have any additional needs	Does this child have any sensory preferences?	Does this child have any communication needs or preferences	Allergies	Wheelchair User?
<i>Example Child: Angela</i>		<i>(eg. relevant behavioural issues, relevant medical issues (eg: fragile bone syndrome)</i>	<i>(eg. Vision impairment, they are cautious touching things, etc.)</i>	<i>(eg. They use a pod book for communicating, they are non-verbal but have good receptive language skills, etc.)</i>		Yes/No
1 Angela	7					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						