

Daily Baseline & Mood

Date: _____ Time: _____

CURRENT INTERNAL STATE

Focused
Overstimulated
Understimulated
Restless
Content
Social/Masking

ENERGY BATTERY

Empty
1
2
3
4
5
Full

SENSORY ENVIRONMENT

Loud
Bright
Tactile Issues
Quiet/Safe

THOUGHT PATTERNS / SPECIAL INTERESTS FOCUS

ACCOMMODATIONS NEEDED TODAY

Noise Cancelling
Lower Lights
Limited Social
Stimming Time
Comfort Food
Body Doubling