CAFETERIA SENSORY SUPPORT CARD SET

CAFETERIA SENSORY SUPPORT NOTICE

This student has documented sensory accommodations related to cafeteria and lunchroom environments.

Possible supports may include:

☐ headphones/earplugs
☐ alternate seating
☐ reduced-noise area
☐ early/late lunch transition
☐ movement breaks
☐ reduced line exposure
☐ support person access
☐ sensory tools
☐ alternate eating location

These supports improve educational access and nervous system regulation.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

NOISE OVERLOAD CARD

The noise level is currently overwhelming my nervous system.

I may need:

☐ headphones
☐ earplugs
☐ quieter seating
☐ temporary break
☐ reduced verbal interaction
☐ alternate location

I am trying to regulate safely.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

FOOD SENSORY DIFFICULTY CARD

I am experiencing sensory difficulty related to food, smell, texture, temperature, or overwhelm.
This may affect:

- appetite
- nausea
- ability to eat
- emotional regulation
- sensory tolerance

Please allow flexibility and avoid drawing public attention to my eating.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

I NEED A QUIETER PLACE TO EAT

The cafeteria environment is currently too overstimulating for me to eat or regulate safely.
I am requesting access to an approved quieter eating location.
Approved locations:
☐ counseling office
☐ library
☐ support classroom
☐ designated sensory space
☐ other: _____

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

LINE OVERLOAD CARD

Waiting in crowded or loud lines may cause sensory overload, panic, or shutdown.

Approved supports may include:

☐ early line access
☐ alternate line
☐ support staff assistance
☐ seated waiting
☐ shortened transition route

These accommodations support safe participation in school routines.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

SOCIAL OVERLOAD CARD

I am socially overwhelmed right now.

I may need:

☐ quiet
☐ reduced conversation
☐ physical space
☐ solo seating
☐ headphones
☐ lower interaction demands

Needing quiet does not mean I dislike others.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

I CANNOT EAT RIGHT NOW

This one is VERY important for kids who get pressured around food.

My nervous system is currently too overwhelmed for eating.

Possible causes may include:

- sensory overload
- anxiety
- nausea
- panic
- smell sensitivity
- shutdown
- distress

Please avoid pressuring me, commenting on my eating, or forcing explanation in public.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

HEADPHONES / EARPLUG ACCESS CARD

This student is approved to use sensory supports during lunch periods.

Approved supports:

☐ headphones
☐ ear defenders
☐ earplugs
☐ white noise/music
☐ sensory regulation tools

These accommodations improve regulation and accessibility.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

I NEED A BREAK BEFORE RETURNING TO CLASS

I am overloaded from the cafeteria environment and need brief regulation time before returning to instruction.

This may help prevent:

- shutdown
- meltdown
- panic
- emotional escalation
- inability to focus in class

Requested support:

☐ quiet hallway break
☐ counselor stop
☐ water break
☐ sensory reset
☐ movement break

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

PLEASE DO NOT COMMENT ON MY FOOD

Comments about my eating, food choices, appetite, or sensory needs may increase distress.
Please allow me to eat safely without public attention or pressure.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

SMELL OVERLOAD CARD

Strong smells are causing sensory overload or nausea.

I may need:

☐ distance from food area
☐ fresh air
☐ quieter location
☐ temporary break
☐ water
☐ mask access

Sensory reactions are neurological, not behavioral.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

CAFETERIA RED CARD, HIGH DISTRESS

I am in severe sensory overload.
Please:
☐ reduce demands
☐ allow me to leave temporarily
☐ contact support staff
☐ allow accommodations
☐ avoid public confrontation
☐ help me access a quieter space
My nervous system is overwhelmed.

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature:

STAFF MINI GUIDE

CAFETERIA SUPPORT GUIDE

Helpful responses:

- allow headphones/earplugs
- reduce public attention
- offer quieter seating
- avoid forcing conversation
- allow regulation breaks
- respect food sensitivities
- speak calmly and directly

BACKSIDE INFORMATION

Student Name:

Approved Supports:

Preferred Eating Location:

Support Staff Contact:

Case Manager:

Authorized Signature: