

Vacation Plan for [Child's Name]

Date: [Insert Date]

Destination

[Insert Destination]

Accommodation

[Description of sensory-friendly accommodations, e.g., noise-cancelling features, room layout, etc.]

Travel Arrangements

[Details of transportation, considers sensory preferences, e.g., train, car, direct flights]

Daily Itinerary

- **Day 1:** [Activity description, sensory considerations]
- **Day 2:** [Activity description, sensory considerations]
- **Day 3:** [Activity description, sensory considerations]

Emergency Contacts

[List of contacts, including local services and therapists]

Notes

[Additional notes regarding any special requirements or preferences]

Prepared by

[Your Name]

[Your Contact Information]