

Children and Young People's Occupational Therapy Service

SENSORY CHECKLIST

CHILD'S NAME:	D.O.B/ CHI:
COMPLETED BY:	RELATIONSHIP TO CHILD:
DATE:	

NO:	Behaviours	Was True	True	False	Not Sure	Comments
VISUAL						
V1.	Squints, covers eyes, or complains about classroom lighting, bright lights, sunshine etc					
V2.	Prefers to be in the dark					
V3.	Is attracted to bright lights and shiny objects					
V4.	Becomes frustrated when trying to find objects in competing backgrounds eg, trying to find a toy in a toy box, or trying to find a particular sock in a drawer.					
V5.	Has difficulty putting puzzles together (as compared to same age child)					
V6.	Stares intensely at people and objects					
V7.	Spins or flicks objects in front of eyes.					
V8.	Can be startled when being approached suddenly					
V9.	Is very cautious when going down stairs or stepping off a kerb when crossing the road (tends to feel their way with their feet). Or steps over a join between two different floor coverings eg. When carpet joins kitchen lino.					
V10.	Is easily distracted by nearby visual stimuli eg, pictures, items on walls, windows or other people moving around.					

AUDITORY						
NO:	Behaviours	Was True	True	False	Not Sure	Comments
A.1	Sows distress at sudden or unexpected loud noises					
A2.	Holds hands over ears to protect ears from sound.					
A3.	Does not appear to hear certain sounds					
A4.	Seems disturbed or intensely interested in sounds not usually noticed by other people					
A5.	Cannot concentrate, is easily distracted by background noises eg, TV ,radio, fluorescent lights etc					
A6.	Makes noises, hums or sings or shouts out unexpectedly					
A7.	Doesn't respond when name is called, but you know their hearing is ok.					
A8.	Has difficulty paying attention					
A9.	Cannot determine location of sounds or voices.					
A10.	Likes to cause certain sounds to happen over and over such as repeatedly flushing the toilet or repeatedly operating a musical toy.					
TACTILE						
T1.	Avoids getting messy, dislikes having dirty, sticky hands etc.					
T2.	Dislikes, complains when having face washed, hair washed, cut or brushed. Dislikes having nails cut, please give details..					
T3.	Responds negatively to unexpected touch.					
T4.	Has difficulty standing in line with other children.					
T5.	Is sensitive to certain fabrics, insists on wearing the same clothes.					
T6.	Avoids going barefoot.					
T7.	Touches people or objects to the point of irritating others.					
T8.	Seems to have an unusually high tolerance to pain. Doesn't react as expected after having an accident eg, having cut/ injured themselves.					
T9.	Leaves clothes twisted on body, doesn't seem to notice that trousers/ skirt are falling down etc.					
T10.	Doesn't seem to notice when their hands or face are messy or covered with food.					

SMELL/ TASTE						
NO:	Behaviours	Was True	True	False	Not Sure	Comments
S1.	Gags easily with certain food textures or having utensils in mouth					
S2.	Shows distress at smells that other people may not notice.					
S3.	Is a picky eater, especially regarding food textures eg, doesn't like lumps in food					
S4.	Avoids certain tastes that are typically part of a child's diet					
S5.	Likes to taste non-food items eg, paint, glue etc					
S6.	Chews, licks non-food items					
S7.	Mouths objects eg, pencils, toys etc					
S8.	Likes to smell non-food items					
S9.	Shows a strong preference for certain tastes or smells					
S10.	Does not notice strong or unusual smells eg, glue, paint or marker pens					
BODY AWARENESS/ PROPRIOCEPTION						
B1.	Clumsy, bumps into people and objects, moves stiffly.					
B2.	Spills contents when opening containers, or spills juice/ drink when trying to prepare a drink.					
B3.	Tends to use more force than required and frequently breaks toys. Doesn't tend to know how much force to use and can unintentionally hurt others, please give details.....					
B4.	Runs, hops and bounces instead of walking					
B5.	Loves rough and tumble play.					
B6.	Trips/ falls frequently					
B7.	Has a weak grasp. Holds objects like pencils cutlery so loosely that it's difficult to use the object. Frequently drops objects.					
B8.	Chews on toys, clothes and other objects more than other children					
B9.	Holds pencil so tightly its hard to use object					
B10.	Walks on tip toe					

VESTIBULAR/BALANCE

NO:	Behaviours	Was True	True	False	Not Sure	Comments
V1.	Becomes Anxious when feet leave the ground. Doesn't like being on playground equipment such as swings, roundabouts etc.					
V2.	Dislikes activities where head is upside down eg, somersaults, rough and tumble play.					
V3.	Has poor balance					
V4.	Does not seem to get dizzy when others usually would.					
V5.	Fails to put hands out to save self when falling.					
V6.	Seeks out all kinds of movement, which can interfere with daily routines eg, can't sit still, fidgets.					
V7.	Frequently twirls, spins self throughout the day.					
V8.	Rocks unconsciously eg when watching TV.					
V9.	Rocks in desk/chair/on floor.					
V10.	Runs back and forth					

POSSIBLE AFFECTS OF SENSORY DIFFICULTIES

1.	Like to follow rigid daily routines					
2.	Dislikes changes to routines					
3.	Has difficulty tolerating changes in plans and expectations.					
4.	Has no regard to personal safety					
5.	Is always 'On the go'.					
6.	Prefers quiet, sedentary activities eg, watching TV or reading a book					
7.	Becomes overly excited/hyper, during movement activities					
8.	Has temper tantrums					
9.	Poor frustration tolerance.					
10.	Seems anxious					

Thank you for completing this Sensory Profile, please bring it with you to the training