

Name of Child:		Name of Adult:					Date:	
		Relationship to Child:						
Statement		Never						Always
PROPRIOCEPTION / PRESSURE	Exerts too much, or not enough pressure when handling objects	0	1	2	3	4	5	
	Bumps into classmates, furniture, walls when moving	0	1	2	3	4	5	
	Poor handwriting - difficulty forming letters, presses too hard or too soft	0	1	2	3	4	5	
	Accidentally spills when opening containers, pouring, or drinking	0	1	2	3	4	5	
	Drops items on floor, slams doors although not angry	0	1	2	3	4	5	
	Crashes and falls on purpose	0	1	2	3	4	5	
	Lies down on floor at inappropriate times	0	1	2	3	4	5	
	TOTAL							
INTEROCEPTION / INSIDE	Does not notice when or where in their body they are tense	0	1	2	3	4	5	
	Does not notice when they are uncomfortable - either too hot or too cold	0	1	2	3	4	5	
	They have a high pain threshold	0	1	2	3	4	5	
	They have toileting difficulties - including rushing to the toilet and / or constipation	0	1	2	3	4	5	
	They have to be reminded to eat	0	1	2	3	4	5	
	They have to be reminded to drink	0	1	2	3	4	5	
	They have excessive drinking habits	0	1	2	3	4	5	
	They have excessive eating habits	0	1	2	3	4	5	
	They do not notice if their body is angry, tense, and hot	0	1	2	3	4	5	
	TOTAL							

Statement		Never					Always
SMELL & TASTE	Complains about smells	0	1	2	3	4	5
	Complains about tastes	0	1	2	3	4	5
	Does not seem to notice strong odours - glue, markers, strong food	0	1	2	3	4	5
	Picky eating or very self-limited diet	0	1	2	3	4	5
	Acts out at snack time or in the lunch hall	0	1	2	3	4	5
	Mouths or licks objects and people	0	1	2	3	4	5
	Smells objects and people	0	1	2	3	4	5
	Struggles to attend PE because of the smells in the lunch hall	0	1	2	3	4	5
	TOTAL						
AUDITORY / SOUND	Distressed by loud noises (fire drill, PE, shopping)	0	1	2	3	4	5
	Disturbed by sounds such as singing and musical instruments that they have no control over	0	1	2	3	4	5
	Complains that everything / everyone is too loud	0	1	2	3	4	5
	Speaks with a very loud voice	0	1	2	3	4	5
	Speaks with an unusually quiet voice	0	1	2	3	4	5
	Does not seem to hear you	0	1	2	3	4	5
	Has difficulty filtering out noise and focusing on teacher's voice	0	1	2	3	4	5
	Frequent outbursts in PE or playtimes	0	1	2	3	4	5
	Frequent outbursts in lunch halls or assemblies	0	1	2	3	4	5
	Seems to learn more easily in one-to-one situations than in a group	0	1	2	3	4	5
	Auditory stims - hums, repeats, makes odd noises	0	1	2	3	4	5
	TOTAL						

Statement		Never					Always
TACTILE / TOUCH	Avoids casual touch from other people	0	1	2	3	4	5
	Becomes "silly" or annoyed when touched	0	1	2	3	4	5
	Craves excessive physical contact with others	0	1	2	3	4	5
	Distressed by messy or dirty hands	0	1	2	3	4	5
	Dislikes or craves certain textures - materials, paper, toys, etc. (Crave: Needs to have access to this or they become distressed)	0	1	2	3	4	5
	Distracted by clothing or shoes - especially labels and seams in socks	0	1	2	3	4	5
	Chews or sucks on clothing, hands, pencils, etc.	0	1	2	3	4	5
	Struggles to attend PE because of changing clothing	0	1	2	3	4	5
	Craves or avoids hot or cold items, water play, art, messy play	0	1	2	3	4	5
	Disturbed by vibration - such as air conditioner or large vehicles driving by	0	1	2	3	4	5
	Tactile stims - tapping, rubbing, squeezing, banging	0	1	2	3	4	5
	TOTAL						
VISUAL / EYES	Squints, blinks, or rubs eyes frequently	0	1	2	3	4	5
	Makes poor eye contact	0	1	2	3	4	5
	Struggles with reading	0	1	2	3	4	5
	Has difficulty with eye-hand co-ordination: Beading, writing, drawing, etc	0	1	2	3	4	5
	Difficulty copying from the board	0	1	2	3	4	5
	Distracted by bright light, fluorescent lighting	0	1	2	3	4	5
	Distressed when lights are dimmed or by the dark	0	1	2	3	4	5
	Struggles to follow moving objects or people	0	1	2	3	4	5
	Poor ball skills - catching and/or throwing	0	1	2	3	4	5
	Easily overloaded by crowded visual fields/environment	0	1	2	3	4	5
	Visual stims-hand flaps, flick fingers in front of eyes, spins objects	0	1	2	3	4	5
TOTAL							

Statement		Never					Always
VESTIBULAR / BALANCE	Avoids changes in head position	0	1	2	3	4	5
	Seems clumsy, moves awkwardly	0	1	2	3	4	5
	Excessively cautious on stairs	0	1	2	3	4	5
	Slumps in chair/sits in W-position on floor/needs support for floor sitting	0	1	2	3	4	5
	Touches furniture or walls when walking	0	1	2	3	4	5
	Rocks in chair, wraps legs around chair legs	0	1	2	3	4	5
	May fall out of chair or onto another pupil during carpet time	0	1	2	3	4	5
	Fidgets constantly	0	1	2	3	4	5
	Seems restless or always "on the go"	0	1	2	3	4	5
	Seems lethargic or hard to "wake up"	0	1	2	3	4	5
	Gets dizzy easily	0	1	2	3	4	5
	Avoids or craves moving playground equipment or riding on bus/in car	0	1	2	3	4	5
	Difficulty using playground equipment - slides, swings, ladders	0	1	2	3	4	5
	Vestibular stims - spinning, rocking, jumping	0	1	2	3	4	5
TOTAL							

Overview

Sensory Area	Initial	Mid	Final
	Date:	Date:	Date:
Proprioception / Pressure			
Interoception / Inside			
Smell & Taste			
Auditory / Sound			
Tactile / Touch			
Visual / Eyes			
Vestibular / Balance			