

Sensory Assessment Checklist



The purpose of this checklist is to educate parents and caregivers on signs and symptoms of sensory processing disorders. This checklist is not, and should not be used, to diagnose a child but can allow you to make a determination if you should speak with a healthcare professional or if further testing may be necessary.

When going through the checklist be aware that many of these can be a common occurrence with most children but the focus should be on a consistent difficulty in the situations listed below and an interference with activities of daily living such as eating, bathing, dressing, and sleeping. The items listed below can also limit a child's participation with peers, family members, and others out in the community.

With each item you answer yes, briefly comment on how the item interferes with daily activities or with your child's participation with peers or family members.

Sensory Assessment Checklist



ITEM	Yes	No	Don't know	Comments/ Concerns
Resists changes to familiar routines				
Does not recognize familiar people in unfamiliar clothes				
Dislikes bright lights				
Dislikes fluorescent lights				
Is frightened by flashes of light				
Puts hands over eyes or closes eyes in bright light				
Is attracted to lights				
Is fascinated by shiny objects and bright colors				
Touches the walls of rooms				
Enjoys certain patterns (brickwork, stripes, etc...)				
Gets lost easily				
Has a fear of heights, lifts, escalators				
Has difficulty catching balls				
Is startled when approached by others				
Smells, licks, taps objects and people				
Appears not to see certain colors				
Uses peripheral vision when performing a task				
Finds it easier to listen when not looking at the person				
Remembers routes and places extremely well				
Can memorize large amounts of information on certain topics				
Finds crowded areas very difficult				
Prefers to sit at back of group or front of group				

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Item	Yes	No	Don't know	Comments/ Concerns
Covers ears when hearing certain sounds				
Can hear sounds which others do not hear				
Is very distressed by certain sounds				
Bangs objects and doors				
Is attracted by sounds and noises				
Does not like shaking hands or being hugged				
Likes a hug if chosen to do this				
Only seems to hear the first words of a sentence				
Repeats exactly what other have said				
Very good auditory memory for songs and rhymes				
Dislikes the feel of certain fabrics and substances				
Seems unaware of pain and temperature				
Dislike certain foods and drinks				
Seeks pressure by crawling under heavy objects				
Hugs very tightly				
Enjoys feeling certain materials				
Dislikes certain everyday smells				
Eats materials which are not edible				
Likes to have food presented in a certain way on the plate				
Dislikes crunchy or chewy food				
Quite clumsy and bumps into objects and people				

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Item	Yes	No	Don't Know	Comments/ Concerns
Finds fine motor movements hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has difficulty running and climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finds it hard to ride a bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does not seem to know where body is in space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has poor balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fears everyday movement activities: swings, slides, trampoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has extremely good balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you have concerns with your child’s sensory processing, please contact us for a phone consultation. During the phone consultation we will gather as much information and may ask the results of the checklist. If we determine that your child is a candidate for an evaluation and you are in agreement we will assist with contacting your primary care physician.

When contacting your physician we will request an order for an Occupational and/or Physical Therapy Evaluation and explain your concerns along with the results of the phone consultation. Once we receive the signed order we can initiate treatment with your child.

You can also go directly to your physician and discuss your concerns and request an evaluation at that time.

We look forward to assisting your child reach their maximal potential. Our goal is to work as a team to develop the most appropriate treatment plan.