

Informal Sensory Processing Checklist

Does Your Student Have Sensory Processing Challenges?

Research shows that sensory issues affect 5-16 percent of the general population and up to 90 percent of people with autism spectrum disorders.

Please fill out this checklist for the student indicated in order to help assess the impact of any sensory processing challenges on this student's classroom performance. Some of the items may not be developmentally appropriate for this student so please do your best at marking all items relevant to this student's sensory behavior.

Date _____

Student's Name _____

Person completing this form _____

Tactile

Sense of touch

Avoids casual touch (e.g., from classmates or teachers, etc.)	Yes___	No___	Unsure___
Becomes "silly" or annoyed when touched	Yes___	No___	Unsure___
Craves excessive physical contact with others	Yes___	No___	Unsure___
Distressed by messy hands or face—glue, clay, paints, sand, food, etc.	Yes___	No___	Unsure___
Dislikes or craves certain textures—materials, paper, toys, etc.	Yes___	No___	Unsure___
Distracted by clothing or shoes	Yes___	No___	Unsure___
Chews or sucks on clothing, hands, pencils, other objects	Yes___	No___	Unsure___
Craves or avoids hot or cold items, water play, art supplies	Yes___	No___	Unsure___
Disturbed by vibration—such as air conditioner or trucks	Yes___	No___	Unsure___
Engages in tactile stimulation—tapping, rubbing, squeezing, banging	Yes___	No___	Unsure___

Vision

The act or power of sensing with the eyes; sight

Squints, blinks, or rubs eyes frequently	Yes___	No___	Unsure___
Makes poor eye contact	Yes___	No___	Unsure___
Struggles with reading	Yes___	No___	Unsure___
Has difficulty with eye-hand coordination—beading, writing, drawing	Yes___	No___	Unsure___
Difficulty copying from the board	Yes___	No___	Unsure___
Distracted by glare, bright light, fluorescent lighting	Yes___	No___	Unsure___
Distressed when lights are dimmed or by the dark	Yes___	No___	Unsure___
Struggles to follow moving objects or people	Yes___	No___	Unsure___
Poor ball skills—catching and/or throwing	Yes___	No___	Unsure___
Easily overloaded by crowded visual fields	Yes___	No___	Unsure___
Engages in visual stimulation—hand flaps, flicks fingers in front of eyes, spins objects	Yes___	No___	Unsure___

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Auditory

Relating to the sense of hearing

Distressed by loud noises (fire drill, PA announcements, gym whistle)	Yes___	No___	Unsure___
Disturbed by sounds such as singing and musical instruments	Yes___	No___	Unsure___
Complains that everything/everyone is too loud	Yes___	No___	Unsure___
Speaks with a very loud voice	Yes___	No___	Unsure___
Speaks with an unusually quiet voice	Yes___	No___	Unsure___
Doesn't seem to hear you	Yes___	No___	Unsure___
Has difficulty filtering out noise and focusing on teacher's voice	Yes___	No___	Unsure___
Frequent outbursts in gym and recess	Yes___	No___	Unsure___
Frequent outbursts in cafeteria or assemblies	Yes___	No___	Unsure___
Seems to learn more easily in one-to-one situations than in a group	Yes___	No___	Unsure___
Engages in auditory stimulation—hums, repeats, makes odd noises	Yes___	No___	Unsure___

Proprioception

To take or grasp, is the sense of the relative position of neighboring parts of the body and strength of effort being employed in movement

Poor body awareness—doesn't know where body parts are	Yes___	No___	Unsure___
Bumps into classmates, furniture, walls	Yes___	No___	Unsure___
Difficulty grading (judging) force—breaks crayons, pencil points, toys	Yes___	No___	Unsure___
Poor handwriting—difficulty forming letters, presses too hard or too soft	Yes___	No___	Unsure___
Accidentally spills when opening containers, pouring, or drinking	Yes___	No___	Unsure___
Drops items on floor, slams doors although not angry	Yes___	No___	Unsure___
Crashes and falls on purpose	Yes___	No___	Unsure___
Lies down on floor at inappropriate times	Yes___	No___	Unsure___

Smell and Taste

Tastes and smells are the perception of chemicals in the air or in our food. Separate senses with their own receptor organs, taste and smell are nonetheless intimately entwined.

Complains about smells	Yes___	No___	Unsure___
Complains about tastes	Yes___	No___	Unsure___
Doesn't seem to notice strong odors—glue, markers, food	Yes___	No___	Unsure___
Picky eating or very self-limited diet	Yes___	No___	Unsure___
Acts out at snack time or in a cafeteria	Yes___	No___	Unsure___
Mouths or licks objects and people	Yes___	No___	Unsure___
Smells objects and people	Yes___	No___	Unsure___

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Vestibular/Balance

Our vestibular system works with other sensorimotor systems in the body, such as our visual system (eyes) and skeletal system (bones and joints), to check and maintain the position of our body at rest or in motion.

Balance is a state of equilibrium; equal distribution of weight, amount, etc.

Avoids changes in head position	Yes___	No___	Unsure___
Seems clumsy, moves awkwardly	Yes___	No___	Unsure___
Excessively cautious on stairs	Yes___	No___	Unsure___
Slumps in chair/ sits in W-position on floor/needs support for floor sitting	Yes___	No___	Unsure___
Touches furniture or walls when walking	Yes___	No___	Unsure___
Rocks in chair, wraps legs around chair legs	Yes___	No___	Unsure___
May fall out of chair or onto another student during floor time	Yes___	No___	Unsure___
Fidgets constantly	Yes___	No___	Unsure___
Seems restless or always "on the go"	Yes___	No___	Unsure___
Seems lethargic or hard to "wake up"	Yes___	No___	Unsure___
Gets dizzy easily	Yes___	No___	Unsure___
Avoids or craves moving, playground equipment, or riding on bus/in a car	Yes___	No___	Unsure___
Difficulty using playground equipment—slides, swings, ladders, sandbox	Yes___	No___	Unsure___
Engages in vestibular stimulation—spinning, rocking, jumping	Yes___	No___	Unsure___

Behavior, Learning, and Social Issues

Craves predictability	Yes___	No___	Unsure___
Engages in repetitive play	Yes___	No___	Unsure___
Doesn't understand concept of personal space	Yes___	No___	Unsure___
Has difficulty joining group activities	Yes___	No___	Unsure___
Has difficulty with transitions between activities	Yes___	No___	Unsure___
Difficulty initiating and completing tasks	Yes___	No___	Unsure___
Struggles with sequencing activities	Yes___	No___	Unsure___
Poor organization, loses things frequently	Yes___	No___	Unsure___
Easily overwhelmed or frustrated	Yes___	No___	Unsure___
Frequently tunes out or withdraws	Yes___	No___	Unsure___
Frequently acts out or tantrums	Yes___	No___	Unsure___

Please provide a description below of any other sensory processing or behaviors this student may have. This is also a great place to include any specific textures (clothing, food, etc.) or sounds (fire alarm, etc.) this student avoids

Thank you for taking the time to complete this form! It is greatly appreciated and useful for this student's special education evaluation and support systems in the school setting!