

Sensory Over-Responsive Checklist

Place a check mark next to the symptoms that your child exhibits:

Auditory/Sound

- ☐ Holds hands over ears to protect self from loud sounds
- ☐ Has difficulty completing work if background noise exists
- ☐ Is fearful of certain environmental sounds—toilet flushing, dogs barking, vacuuming, hair dryer
- ☐ Fears movie theaters or music concerts

Tactile/Touch

- ☐ Sensitive to certain fabrics (clothes, bedding)
- ☐ Complains about having hair brushed and cut, taking showers, being gently kissed
- ☐ Avoids going barefoot, especially in grass or sand
- ☐ Becomes irritable with certain clothing textures, labels, seams in socks and pants; avoids wearing new clothes
- ☐ Reacts negatively to textures on hands, such as clay, finger paint, cookie crumbs, dirt
- ☐ Prefers strong hugs; is very ticklish

Visual

- ☐ Prefers low light to bright light
- ☐ Squints or gets headaches
- ☐ Likes to wear hats or caps to protect eyes from sun
- ☐ Avoids or seems threatened by eye contact
- ☐ Is bothered by or distracted by wall decoration or activity outside the window

Monica G. Osgood, et al. "Profectum Parent Toolbox. Individual Profile Form, Step 2, Webcast 12, Pgs. 4–7, Sensory Responsive Patterns." Profectum Foundation, 2015, www.profectum.org/. Used with permission of the Profectum Foundation.

Taste/Smell

- ☐ Gags on textured food
- ☐ Avoids certain tastes or smells that are typically a part of child's diet
- ☐ Does not like smells that others don't notice

Vestibular/Movement

- ☐ Becomes anxious or distressed when feet leave the ground
- ☐ Avoids climbing or jumping
- ☐ Is fearful of going up and down stairs
- ☐ Avoids or dislikes escalators
- ☐ May avoid having head tipped back when washing hair
- ☐ Avoids playground equipment that requires movement, swings, and slides
- ☐ May become anxious when moved by someone else

Monica G. Osgood, et al. "Profectum Parent Toolbox. Individual Profile Form, Step 2, Webcast 12, Pgs. 4-7, Sensory Response Patterns." Profectum Foundation, 2015, www.profectum.org/. Used with permission of the Profectum Foundation.

Sensory Under-Responsive Checklist

Place a check mark next to the symptoms that your child exhibits.

Auditory/Sound

- ☐ Has difficulty following directions, needs directions repeated
- ☐ May be nonresponsive when having name called
- ☐ May produce own sounds, hum, or talk to himself as he is completing tasks
- ☐ Enjoys loud sounds and music in the background

Tactile/Touch

- ☐ Is not bothered by injuries, cuts, or bruises
- ☐ May not notice when he is touched, bumped, or pushed, unless the impact is severe or forceful
- ☐ Is indifferent to the feel of various fabrics in clothes (cotton versus wool versus synthetic)

Visual

- ☐ Has difficulty following a moving object (or person) with his eyes
- ☐ May complain about having tired eyes
- ☐ Often loses place when reading and copying information down (off blackboard)
- ☐ May write on a significant slant
- ☐ May seem oblivious to details of objects and the surrounding environment

Taste/Smell

- ☐ May eat or drink something that is harmful without being aware of the smell or taste

Monica G. Osgood, et al. "Profectum Parent Toolbox. Individual Profile Form, Step 2, Webcast 12, Pgs. 4-7, Sensory Responsive Patterns." Profectum Foundation, 2015, www.profectum.org/. Used with permission of the Profectum Foundation.

- ☐ Usually does not notice odors and smells (which can be a safety concern as well)
- ☐ Often doesn't notice or care if food is spicy or bland

Vestibular/Movement

- ☐ Does not experience pleasure or even desire to explore his environment and move
- ☐ Displays a lack of participation in gym, sports, and playground activities
- ☐ Prefers sedentary activities, such as watching TV, using computer or video games, sitting around
- ☐ Often has poor muscle tone and slow motor responses
- ☐ Dislikes trying new physical activities and rarely initiates them
- ☐ Is not able to use his or her hands for a task without watching them

Monica G. Osgood, et al. "Profectum Parent Toolbox. Individual Profile Form, Step 2, Webcast 12, Pgs. 4-7, Sensory Response Patterns." Profectum Foundation, 2015, www.profectum.org/. Used with permission of the Profectum Foundation.

worksheet

Sensory-Craving Checklist

Place a check mark next to the symptoms that your child exhibits.

Auditory/Sound

- ☐ Prefers the volume of the television and music at a level that is uncomfortably loud to others
- ☐ Uses a loud voice—possibly almost a shouting level—when speaking
- ☐ Unable to stop talking and has trouble taking turns in conversations
- ☐ Enjoys noisy environments, such as sports arenas or malls

Tactile/Touch

- ☐ Needs to constantly touch surfaces and textures, particularly soft and cuddly ones
- ☐ May cause others discomfort and a sense of violation of personal space with need to touch
- ☐ Frequently bumps into objects and people
- ☐ Wants to play with messy stimuli for long periods of time
- ☐ May mouth or bite objects beyond the appropriate developmental stages
- ☐ May rub or bite the skin

Visual

- ☐ Is attracted to watching flickering lights or nonmeaningful visual stimuli
- ☐ Tends to choose objects that are brightly colored
- ☐ Is captivated by and can spend hours in front of a television, computer, or video game
- ☐ Gazes at spinning objects for long periods of time
- ☐ Attends to one visual detail for a long time, such as a single page of a book, tire of a car

Taste/Smell/Oral-Motor

- ☐ Smells people, animals, and objects
- ☐ Licks objects, people, and foods (prior to tasting)

Monica G. Osgood, et al. "Profectum Parent Toolbox. Individual Profile Form, Step 2, Webcast 12, Pgs. 4-7, Sensory Responsive Patterns." Profectum Foundation, 2015, www.profectum.org/. Used with permission of the Profectum Foundation.

- ☐ Has a constant desire to chew gum
- ☐ Desires crunchy foods like chips, pretzels, and cookies
- ☐ Often particularly likes one type of food: sweet, sour, salty
- ☐ Bites on sleeves, pencil erasers, paper clips; always has something in his or her mouth

Vestibular/Movement

- ☐ Frequently falls on the floor and rolls intentionally
- ☐ Insists on intense movement input, such as flipping, turning, rotating, and being inverted; can spin for a long time without getting dizzy
- ☐ Is adamant about roughhousing, play fighting, and being tossed in the air
- ☐ Jumps on bed and couches aggressively
- ☐ Loves extreme fast-moving input, such as ice skating, skiing, sledding, bike-riding, rollerblading, skateboarding, riding roller coasters and other amusement park rides; may be an "extreme athlete"
- ☐ Is not calmed down by additional movement input; tends to get more aroused and disorganized as movement increases

Monica G. Osgood, et al. "Profectum Parent Toolbox. Individual Profile Form, Step 2, Webcast 12, Pgs. 4-7, Sensory Responsive Patterns." Profectum Foundation, 2015, www.profectum.org/. Used with permission of the Profectum Foundation.