**Sensory Processing Checklist**

This checklist can help to:

* Identify patterns in behaviours that can indicate sensory processing differences and challenges.
* Understand a child’s/young person’s response to sensory experiences in various environments.
* Develop strategies to support your child’s/young person’s ability to process sensation and engage in meaningful activities within their daily life.

Where possible, please complete this checklist with the child/young person – their comments are very valuable.

Please tick each option that applies

|  |  |
| --- | --- |
| **Movement and Balance** | **Visual** |
| **Over responsive** | **Over responsive** |
| * Fearful of playground equipment
 | * Uncomfortable in bright light
 |
| * Scared of heights e.g. escalators, descending stairs
 | * Prefers dim light, closes blinds or curtains
 |
| * Avoids balancing activities
 | * Has trouble finding an object amongst many
 |
| * Avoids physical activity or PE
 | * Notices visual differences in environment
 |
| **Under responsive** | **Under responsive**  |
| * Always on the go
 | * Doesn’t scan the environment to guide movement
 |
| * Frequently spins, jumps, bounces, runs
 | * Likes to turn light switches on and off
 |
| * Has difficulty staying still
 | * Misses visual information on worksheets etc
 |
| * Seeks fast moving activities
 | * Focuses on reflections and spinning objects
 |
| **Body Awareness** | **Hearing**  |
| **Over responsive** | **Over responsive** |
| * Uses too much or too little pressure and force
 | * Covers ears in response to loud sound
 |
| * Often drops items from their hand
 | * Becomes upset by loud and unexpected sound
 |
| * Seeks more than typical rough play
 | * Dislikes certain sounds – hand dyer, vacuum
 |
| * Seeks deep pressure by squeezing into tight places
 | * Hums or sings to drown out unwanted sound
 |
| **Under responsive** | **Under responsive** |
| * Likes extra firm touch and pressure
 | * Seeks out loud sound
 |
| * Difficulty with coordination and appears clumsy
 | * Turns up the volume on devices
 |
| * Avoids physical activity or PE
 | * Misses auditory information and seems to ignore
 |
| * Leans on people, objects or against a wall
 | * Is easily distracted by background noise
 |
| **Touch** | **Smell/Taste** |
| **Over responsive** | **Over responsive** |
| * Avoids light touch or contact from others
 | * Dislikes strong smells or tastes
 |
| * Dislikes messy play or handling different textures
 | * Gags at the sight or smell of unappealing food
 |
| * Is bothered by clothing or food textures
 | * Is overwhelmed at mealtimes at home and school
 |
| * Dislikes standing/playing too closely with others
 | * Likes to taste/lick non-food items
 |
| **Under responsive** | **Under responsive** |
| * Constantly touches objects or mouths objects
 | * Likes to smell non-food items
 |
| * Decreased awareness of pain and temperature
 | * Does not respond to strong tastes and smells
 |
| * Difficulty with handling small objects
 | * Seeks out new smells or tastes
 |