**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

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| --- | --- |
| **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 |