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.

Student’s Name_______________________________

Tactile

Avoids casual touch from classmates or teachers 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__
Disturbed by vibration—such as air conditioner or trucks Yes __ No __ Unsure__
Tactile stims—tapping, rubbing, squeezing, banging Yes __ No __ Unsure__

Vision

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__
Visual stims—hand flaps, flick fingers in front of eyes, spins objects Yes __ No __ Unsure__

Vestibular/Balance

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 car Yes __ No __ Unsure__
Difficulty using playground equipment—slides, swings, ladders, sandbox Yes __ No __ Unsure__
Vestibular stims—spinning, rocking jumping Yes __ No __ Unsure__
Auditory
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__
Auditory stims–hums, repeats, makes odd noises Yes __ No __ Unsure__

Proprioception
Poor body awareness–doesn’t know where body parts are Yes __ No __ Unsure__
Bumps into classmates, furniture, walls Yes __ No __ Unsure__
Difficulty grading 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
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 cafeteria Yes __ No __ Unsure__
Mouths or licks objects and people Yes __ No __ Unsure__
Smells objects and people Yes __ No __ Unsure__

Behavior, Learning & 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 fill out for your student and return to ___________________________________________