

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 ___ |
| Distracted by clothing or shoes | Yes ___ | No ___ | Unsure ___ |
| Chews or sucks on clothing, hands, pencils, others 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 ___ |
| 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 ___ |
| Poor ball skills—catching and/or throwing | Yes ___ | No ___ | Unsure ___ |
| Easily overloaded by crowded visual fields | 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 _____