

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 _____