

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 _____