

**PLEASE ANSWER THIS QUESTION ONLY IF YOUR CHILD IS HAVING AN OCCUPATIONAL THERAPY EVALUATION.**

Please describe your child’s sensory preferences by marking an “X” in the box (1,2, or 3) that is most similar to your child’s behaviors when responding to input from each sensory system or area (Auditory, Visual, Oral/Smell, etc.). The behaviors listed are examples and not all inclusive, if you are unsure, please make the “X” in the “My Child Seems to Be in the Middle in this Area” box. There is room for comments at the bottom of the page.

Sensory System/Area	My Child Needs More Input to Respond in this Area (1)	My Child Seems to Be In the Middle in This Area (2)	My Child Needs Less Input to Respond in this Area (3)
Auditory	<ul style="list-style-type: none"> <li>*Misses certain sounds/name being called</li> <li>*Makes unusual sounds/noises</li> <li>*Confused by direction of sounds</li> </ul>	<ul style="list-style-type: none"> <li>* Orients to name being called</li> <li>* Able to focus in noisy environment</li> </ul>	<ul style="list-style-type: none"> <li>*Doesn’t like loud noises; covers ears with hands</li> <li>*Has trouble in loud/noisy environments (auditorium at school, mall, etc.)</li> </ul>
Visual	<ul style="list-style-type: none"> <li>*Examine pictures/objects closely and carefully</li> <li>*Seem oblivious to people entering/moving in the room.</li> </ul>	<ul style="list-style-type: none"> <li>*Able to move between focus on small objects and their environment without difficulty.</li> <li>* Adequate reading abilities</li> </ul>	<ul style="list-style-type: none"> <li>* Squint often/bothered by bright lights</li> <li>* Frustrated by visual clutter/ unable to find things in their environment</li> </ul>
Oral/Smell	<ul style="list-style-type: none"> <li>* Chew on non-food items/ clothes inappropriately for age.</li> <li>* Smell objects/foods frequently</li> <li>*Over stuff mouth when eating</li> </ul>	<ul style="list-style-type: none"> <li>*Eat from a varied diet</li> <li>*Complete oral cares without difficulty</li> </ul>	<ul style="list-style-type: none"> <li>*Very restricted diet (craves or avoids certain foods)</li> <li>*Over active gag reflex</li> <li>*Express discomfort or distress to tooth brushing or dental care</li> </ul>
Touch	<ul style="list-style-type: none"> <li>*Enjoys messy play</li> <li>*Pinch, bite or otherwise hurt themselves</li> <li>*Seem to constantly touch something/fidget</li> <li>*Seem less sensitive to pain than other children</li> </ul>	<ul style="list-style-type: none"> <li>*Accept hugs/kisses (age appropriately)</li> <li>*Able to accept non-preferred textures to complete an activity and then wash hands</li> </ul>	<ul style="list-style-type: none"> <li>*Avoid messy play</li> <li>*Express distress/discomfort during grooming (nail care, face washing, hair care)</li> <li>*Needs to be in control of touch</li> <li>*Seem more sensitive to pain than other children</li> </ul>
Movement	<ul style="list-style-type: none"> <li>*Always moving/fidgeting</li> <li>*Loves spinning/ rides</li> <li>*Takes extra risks during play</li> </ul>	<ul style="list-style-type: none"> <li>* Able to balance active play with quiet play.</li> <li>*Enjoys movement, but does not crave it</li> </ul>	<ul style="list-style-type: none"> <li>*Become anxious when upside down or feet leave ground</li> <li>*Strongly prefers sit down/ quiet activities to active play</li> </ul>
Body Awareness	<ul style="list-style-type: none"> <li>*Trip/fall often</li> <li>*Described as clumsy</li> <li>*Change body position often during sit down tasks</li> </ul>	<ul style="list-style-type: none"> <li>*Good body awareness</li> <li>*Fair coordination when compared to other children</li> </ul>	<ul style="list-style-type: none"> <li>* May have tight muscles</li> <li>* Rigid body posture</li> <li>* Locks joints</li> </ul>
Self-Regulation	<ul style="list-style-type: none"> <li>* Slow to respond</li> <li>* Appears bored</li> <li>* Low energy</li> <li>* Passive</li> </ul>	<ul style="list-style-type: none"> <li>* Able to adjust attention and effort to the activity and between activities easily.</li> </ul>	<ul style="list-style-type: none"> <li>* Very active, even when activity is quiet</li> <li>*Difficulty falling asleep</li> <li>* Has difficulty maintaining the appropriate amount of energy for the activity –“excitable”.</li> </ul>

COMMENTS: