

# Sensory Processing Checklist

\*\*Please mark each response according to the following key and make any comments in the space provided.

**A=Always O=Often S=Sometimes R=Rarely N=Never N/A=Not Applicable**

## **SOCIAL-EMOTIONAL**

Does your child?

1. Become overly aggressive?

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2. Become overly passive?

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3. Become frustrated easily?

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4. Seem sensitive to criticism?

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5. Seem difficult to motivate?

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6. Often appear anxious?

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7. Have definite fears?

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8. Often laugh or smile?

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9. Have variations in moods?

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10. Have difficulty adjusting to change?

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11. Seem fearful of new tasks?

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12. Have temper tantrums?

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13. Have poor eye contact?

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14. Avoid demonstrating affection?

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15. Avoid group activities?

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16. Prefer solitary play?

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17. Describe your child's leisure activities:

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**TACTILE SYSTEM**

1. Does your child dislike going barefoot, not like to take his/her shoes off or insist on always wearing shoes?  
\_\_\_\_\_
2. Does it bother your child to play games with bare feet?  
\_\_\_\_\_
3. Is your child irritated by the feel of certain clothing?  
\_\_\_\_\_
4. Does your child pull away from light touch?  
\_\_\_\_\_
5. Does your child resist or dislike wearing clothing of certain textures?  
\_\_\_\_\_
6. Does your child seem to lack the normal awareness of being touched?  
\_\_\_\_\_
7. Does your child react negatively to the feel of new clothes?  
\_\_\_\_\_
8. Does your child tend to prefer to wear long sleeve shirts and long pants regardless of the weather?  
\_\_\_\_\_
9. Does your child seem excessively ticklish?  
\_\_\_\_\_
10. Does your child like to cuddle up with a blanket or stuffed animal or special pillow?  
\_\_\_\_\_
11. Does your child enjoy tickling as a form of play?  
\_\_\_\_\_
12. Does your child avoid playing with "messy" things (i.e. finger paint, mud, sand, glue, glitter, clay, etc.)?  
\_\_\_\_\_
13. Does your child show an unusual dislike for having his/her hair combed, brushed, or styled?  
\_\_\_\_\_
14. Do rough sheets bother your child?  
\_\_\_\_\_
15. Does wearing turtleneck shirts bother your child?  
\_\_\_\_\_
16. Does your child prefer to touch rather than be touched?  
\_\_\_\_\_
17. Does your child seem driven to touch different textures?  
\_\_\_\_\_

18. Does your child prefer to go barefoot?  
\_\_\_\_\_
19. Does your child dislike wearing hats, sunglasses, or other accessories?  
\_\_\_\_\_
20. Does wearing fuzzy shirts bother your child?  
\_\_\_\_\_
21. Does your child dislike wearing pants or complain about the feel of them brushing against his/her legs?  
\_\_\_\_\_
22. Does your child tend to wear coats or sweaters when they are not needed?  
\_\_\_\_\_
23. Does your child prefer the textures of certain clothing?  
\_\_\_\_\_
24. Does your child overreact to minor injuries?  
\_\_\_\_\_
25. Does your child complain about irritating bumps on the bed sheets?  
\_\_\_\_\_
26. Does it bother your child to have his/her finger or toe nails cut?  
\_\_\_\_\_
27. Does your child struggle against being held?  
\_\_\_\_\_
28. Does your child dislike playing games with his/her bare feet?  
\_\_\_\_\_
29. Does your child have a tendency to touch things constantly?  
\_\_\_\_\_
30. Does your child dislike getting his/her hands messy or ask to wash his/her hands when using things like glue and glitter?  
\_\_\_\_\_
31. Does your child avoid or dislike playing with gritty things?  
\_\_\_\_\_
32. Do tags or collars on clothing bother your child?  
\_\_\_\_\_
33. Does your child demonstrate an aversion to any form of clothing?  
\_\_\_\_\_
34. Does it bother your child to have his/her face touched?  
\_\_\_\_\_
35. Does it bother your child to have his/her face washed?  
\_\_\_\_\_
36. Does your child object to being touched by familiar people?  
\_\_\_\_\_
37. Does it bother your child if he/she cannot see who is touching them when among familiar people at home or school?  
\_\_\_\_\_
38. Does your child dislike wearing short-sleeved shirts or short pants?  
\_\_\_\_\_

39. Is your child bothered by hair brushing against his/her face?  
\_\_\_\_\_
40. Does your child have an unusually high tolerance for pain?  
\_\_\_\_\_
41. Does your child startle easily when being touched unexpectedly?  
\_\_\_\_\_
42. Does your child dislike eating messy foods with his/her hands?  
\_\_\_\_\_
43. Does it bother your child when a familiar person at home or at school is close by?  
\_\_\_\_\_
44. Does your child avoid touching different textures?  
\_\_\_\_\_
45. Does your child appear to avoid eating certain foods because of their texture?  
\_\_\_\_\_
46. Does your child strongly dislike being tickled?  
\_\_\_\_\_
47. Does your child seek messy play activities?  
\_\_\_\_\_
48. Does it bother your child to have a haircut?  
\_\_\_\_\_

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**VESTIBULAR SYSTEM**

1. Does your child rock while sitting?  
\_\_\_\_\_
2. Does your child seem excessively fearful of movement, i.e. going up/down stairs, riding swings, teeter totters, slides or other playground equipment?  
\_\_\_\_\_
3. Does your child get nausea or vomit from movement experiences?  
\_\_\_\_\_
4. Does your child like to swing?  
\_\_\_\_\_
5. Does your child demonstrate distress when he/she is moved or on moving equipment?  
\_\_\_\_\_
6. Does your child's head move along with his/her eyes in activities such as reading, following along with a parent reading or playing a computer game?  
\_\_\_\_\_
7. Is your child frequently and easily confused about his/her location, i.e. gets lost in stores, or can't find the way to a familiar classroom?  
\_\_\_\_\_
8. Does your child have good balance?  
\_\_\_\_\_

9. Does your child have to exert more effort to move than others, tire easily from exertion and/or require more sleep than others?  
\_\_\_\_\_
10. Does your child avoid balance activities such as walking on curbs or uneven ground?  
\_\_\_\_\_
11. Is your child fearful of heights, such as escalators, glass elevators, stairs, etc.?  
\_\_\_\_\_
12. Does your child like fast movements such as being whirled about and tossed in the air by an adult?  
\_\_\_\_\_
13. Does your child like climbing onto high surfaces?  
\_\_\_\_\_
14. Does your child like fast spinning rides such as a merry-go-round?  
\_\_\_\_\_
15. Is your child fearful of activities that require good balance?  
\_\_\_\_\_
16. When your child shifts his/her body, do they sometimes fall out of their chair?  
\_\_\_\_\_
17. Is your child sometimes unable to catch him/herself when falling?  
\_\_\_\_\_
18. Does your child seem not to get dizzy when others usually do?  
\_\_\_\_\_
19. Does your child get carsick?  
\_\_\_\_\_
20. Does your child seem generally weak?  
\_\_\_\_\_
21. Does your child spin and whirl more than other children?  
\_\_\_\_\_
22. Does your child rock when stressed?  
\_\_\_\_\_
23. Does your child like to be inverted or tipped upside down or enjoy doing things like hanging upside down, somersaults, etc.?  
\_\_\_\_\_
24. Is your child fearful of swinging or bouncing, or was as an infant?  
\_\_\_\_\_
25. Does your child experience discomfort, nausea, or dizziness following movement, especially rotation?  
\_\_\_\_\_
26. Does your child tend to need movement in order to "get going"?  
\_\_\_\_\_
27. Does your child dislike sudden or quick movement such as suddenly stopping or going over a bump while riding in the car?  
\_\_\_\_\_

28. Compared with other children the same age, does your child seem to ride longer or harder on certain playground equipment?  
\_\_\_\_\_
29. Does your child avoid rapid or spinning movement?  
\_\_\_\_\_
30. Is your child fearful of activities in which he/she moves through space?  
\_\_\_\_\_
31. Does your child demonstrate distress when his/her head is in any other position than upright or vertical such as having the head tilted backward or upside down?  
\_\_\_\_\_
32. Does your child react negatively to, dislike, appear threatened by, or exhibit a fear reaction to movement?  
\_\_\_\_\_
33. Does your child enjoy excessive spinning and twirling?  
\_\_\_\_\_

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### **PROPRIOCEPTIVE SYSTEM**

1. Does your child grasp objects so tightly that it is difficult to use the object?  
\_\_\_\_\_
2. Does your child tire easily after sitting or lying in the same position for a while?  
\_\_\_\_\_
3. Does your child grind his/her teeth?  
\_\_\_\_\_
4. Does your child seek activities such as pushing, pulling, dragging, lifting and jumping?  
\_\_\_\_\_
5. Does your child climb high into a tree, jump off tall walls or furniture, etc.?  
\_\_\_\_\_
6. Does your child like giving bear hugs?  
\_\_\_\_\_
7. Does your child seem unsure of how far to raise or lower the body during movement such as sitting down or stepping over an object?  
\_\_\_\_\_
8. Does your child not notice falling?  
\_\_\_\_\_
9. Does your child like to be under heavy blankets, covers, or pillows?  
\_\_\_\_\_
10. Does your child tend to break toys?  
\_\_\_\_\_

11. Does your child chew on pens, straws, etc?  
\_\_\_\_\_
12. Does your child grasp objects so loosely that it is difficult to use the object?  
\_\_\_\_\_
13. Does your child chew on nonfood objects?  
\_\_\_\_\_
14. Does your child seem to exert too much effort for the task; for example, walks heavily, slams doors, or presses too hard when using pencils or crayons?  
\_\_\_\_\_
15. Does your child jump a lot?  
\_\_\_\_\_
16. Does your child have difficulty playing with animals appropriately, such as petting with too much force?  
\_\_\_\_\_
17. Does your child have difficulty positioning him/herself on a chair?  
\_\_\_\_\_
18. Does your child frequently hit, bump, or push other children?  
\_\_\_\_\_
19. Does your child seem generally weak?  
\_\_\_\_\_
20. Compared with other children the same age, does your child seem to really enjoy activities that involve jumping, crashing into things, pushing, pulling or falling?  
\_\_\_\_\_
21. Does your child like getting bear hugs?  
\_\_\_\_\_
22. Does your child taste or chew on toys, clothes, or other objects more than other children?  
\_\_\_\_\_
23. Does your child crave hugging or rough play?  
\_\_\_\_\_
24. Does your child like to chew on hard candy?  
\_\_\_\_\_
25. Does your child have difficulty sitting erect, or chooses to lie down instead of sitting up?  
\_\_\_\_\_

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### **VISUAL SYSTEM**

1. Does your child have trouble telling the difference between different printed figures that appear similar; i.e. confusing b with p, or + with x?  
\_\_\_\_\_

2. Is your child sensitive to or bothered by light, especially bright lights (blinks, squints, cries, or closes eyes, etc.)?

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3. When looking at pictures, does your child focus on patterns or details instead of the main picture?

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4. Is your child able to look at something far away?

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5. Does your child have difficulty keeping his/hers eyes on the task or activity at hand?

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6. Does your child have trouble maintaining his/her visual focus on one task or object for very long?

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7. Does your child rub his/her eyes, complain of headaches or have eyes which water after reading or looking at books?

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8. Does your child have difficulty visually focusing on things far away?

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9. Does your child become easily distracted by visual stimuli?

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10. Does your child have trouble locating things, especially things of the same color, or have trouble finding an object when it is amidst a group of other things?

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11. Does your child close one eye and/or tip his/her head back when looking at something or someone?

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12. Does your child have difficulty with unusual visual environments such as a bright colorful room or a dimly lit room?

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13. Does your child have difficulty with visually focusing on things close?

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14. Does your child have difficulty controlling eye movements during activities such as following objects with eyes, keeping place while reading or copying from the blackboard?

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15. Compared to other children the same age, does your child seem to be easily distracted by visual stimuli?

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16. Does your child have difficulty naming, discriminating or matching colors, shapes, or sizes?

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**OLFACTORY SYSTEM**

1. Does your child react negatively to or dislike smells which are not usually recognized as offensive by most people?  
\_\_\_\_\_
2. Does your child seem to have a very sensitive sense of smell?  
\_\_\_\_\_
3. Does your child tell you or other people they smell bad or funny?  
\_\_\_\_\_
4. Does your child have difficulty discriminating unpleasant odors?  
\_\_\_\_\_
5. Is your child able to identify smells of scratch and sniff stickers?  
\_\_\_\_\_
6. Does your child find bathroom odors and personal hygiene smells offensive?  
\_\_\_\_\_
7. Does your child become bothered by household odors?  
\_\_\_\_\_
8. Does your child not notice smells about which others usually complain?  
\_\_\_\_\_
9. Does your child mind the smell of soap or cologne?  
\_\_\_\_\_
10. Does your child fail to notice or ignore unpleasant or strong odors?  
\_\_\_\_\_
11. Does your child make excessive use of smelling when encountering objects, paces or people?  
\_\_\_\_\_
12. Does your child interact with objects by smelling them?  
\_\_\_\_\_

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**GUSTATORY SYSTEM**

1. Does your child show definite preferences for certain tastes?  
\_\_\_\_\_
2. Does your child act as though all foods taste the same?  
\_\_\_\_\_
3. Does your child complain about or dislike the taste of toothpaste or mouthwash?  
\_\_\_\_\_
4. Does your child complain about foods that are too bland?  
\_\_\_\_\_
5. Does your child like almost all foods?  
\_\_\_\_\_

6. Does your child like food seasoned heavily, for example using excessive salt, ketchup or other spices?  
\_\_\_\_\_
7. Will your child eat already seasoned foods?  
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### **AUDITORY SYSTEM**

1. Is your child bothered by or fearful of the sound made by a toilet flushing?  
\_\_\_\_\_
2. Does your child startle or become distressed by loud or unexpected noises?  
\_\_\_\_\_
3. Does your child have trouble understanding what other people mean when they say something?  
\_\_\_\_\_
4. Does your child seem to hear sounds that other people tend not to notice?  
\_\_\_\_\_
5. Do you notice your child being bothered by any sounds which occur during daily life tasks such as tasks of personal hygiene, dressing, eating, homemaking, school, work, leisure/play activities?  
\_\_\_\_\_
6. Is your child bothered by loud background noise such as construction work nearby or sounds of machinery operating?  
\_\_\_\_\_
7. Does your child seem to have trouble remembering what is said to him/her?  
\_\_\_\_\_
8. Is your child bothered by the sounds of any household or ordinary items, such as squeaky shoes, vacuum, blow dryer, dog barking, etc.?  
\_\_\_\_\_
9. Does your child seem to understand oral directions?  
\_\_\_\_\_
10. Does your child fail to follow through to act upon a request to do something or to understand directions?  
\_\_\_\_\_
11. Does your child respond negatively such as running away, crying or holding hands over ears to loud noises?  
\_\_\_\_\_
12. Is your child distracted by subtle sounds such as fluorescent light bulbs, heater, fans and refrigerators?  
\_\_\_\_\_
13. Is your child bothered by the sound of the vacuum?  
\_\_\_\_\_

14. Is your child bothered by the sound made by certain accessories such as bracelets and necklaces?

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15. Does your child appear not to hear certain sounds?

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16. Is your child distracted by sounds not normally noticed by the average person?

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**DID YOUR CHILD?**

1. Wet the bed after 3 years of age?

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2. Have trouble learning urinary control?

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3. Have trouble learning bowel control?

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