SENSORY SCREENING TOOL: HOME

Child's Name:					
Your Name:					
Relationship to Child:					
Child's Age:					
Date:					
Touch Sense	Always	Sometimes	Rarely	Never	Unsure/Not Applicable
Objects to washing face, hair, or body	0	0	0	0	0
Reacts negatively to unexpected touch	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Dislikes light touch	0	0	0	0	0
Dislikes brushing teeth	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Objects to getting haircuts	0	\bigcirc	0	0	0
Resists nail trimming	0	0	0	0	0
Dislikes certain clothing fabrics	0	0	0	0	0
Avoids getting hands or face messy	0	0	0	0	0
Dislikes or insists on wearing socks	0	0	0	0	0
Insists on or refuses to wear shoes, sneakers, sandals, or boots	0	0	0	0	0
Avoids or excessively craves physical contact such as hugs, cuddles, and kisses	0	0	0	0	0
Frequently touches or fidgets with toys or other objects	0	0	0	0	0
Craves or avoids certain food textures, such as dry, slippery, chewy, crunchy, or mixed	0	0	0	0	0
Mouths nonfood objects such as hands, clothing, toys	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Always	Sometimes	Rarely	Never	Unsure/Not Applicable
Particular about pajamas and bed linens	0	0	0	0	0
Unusually aware or unaware of changes in temperature	0	0	0	0	0
Seem oversensitive or undersensitive to minor injuries	0	0	0	0	\circ
Engages in repetitive tactile behaviors such as tapping, rubbing, squeezing, banging	0	0	0	\circ	0
Additional notes and observations:					
Sound Sense					
Unusually distressed by sounds such as alarms, thunder, blender, vacuum, hair dryer, toilet flush	0	0	0	0	\circ
Dislikes noisy settings such as a busy playground, party, restaurant, or store	0	0	0	0	0
Watches TV or listens to music at very high or very low volume	0	\circ	0	0	0
Makes unusual sounds	0	0	0	0	0
Doesn't consistently respond to someone speaking to him	0	0	0	0	0
Unable to concentrate in noisy places	\circ	\bigcirc	\bigcirc	\bigcirc	0
Difficulty sleeping if there is any noise	0	0	0	0	0
Has delays in expressive or receptive language	0	0	0	0	0
Speaks very loudly or quietly	0	0	0	0	0
Avoids live or recorded music	0	0	0	0	\circ

	Always	Sometimes	Rarely	Never	Unsure/Not Applicable
Seems to mishear what is being said; for example, confuses words or ideas	0	0	0	\circ	\circ
Engages in repetitive auditory behaviors such as humming, repeating, and making noises	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Additional notes and observations:					

Vision Sense

Squints, blinks, or rubs eyes frequently	0	0	0	\bigcirc	0
Makes poor eye contact	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Uses peripheral vision to look at things	0	0	0	0	\bigcirc
Has trouble finding items in busy visual fields such as a toy in toy chest or coat in a closet	0	0	0	0	0
Struggles with reading	0	0	0	0	0
Take excessive time to complete written work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Distressed by sunlight, glare, bright light, fluorescent lighting	0	0	0	0	0
Craves or avoids very colorful, active computer and video games and TV shows	\bigcirc	\bigcirc	\bigcirc	0	0
Distressed by or prefers dim lighting or being in the dark	0	0	\circ	0	0
Struggles to follow objects or people as they move	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Has difficulty with ball skills such as catching and throwing	0	0	\circ	0	0
Gets overwhelmed easily in crowded environments such as the playground and stores	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc

	Always	Sometimes	Rarely	Never	Unsure/Not Applicable
Engages in repetitive visual behaviors such as blinking, spinning objects, flapping hands, flicking fingers in front of eyes, turning lights on and off	0	0	0	0	0
Additional notes and observations:					
Taste and Smell Sense					
Avoids or complains about certain smells	0	0	0	0	0
Smells nonfood items such as people and objects	0	0	0	0	0
Avoids foods most children enjoy	0	0	0	0	0
Seeks out or avoids strongly flavored foods (spicy, salty, sweet, or sour)	0	0	0	0	0
Has a limited food repertoire	\circ	0	0	0	\bigcirc
Resists trying new foods	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Gags or gets nauseated when presented with certain foods or smells	0	0	0	0	0
Acts out at mealtime	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Mouths or licks objects and people	\circ	0	0	0	0
Additional notes and observations:					
Movement and Body Senses					
Seems restless or always on the move	0	0	0	0	0
Seems lethargic or hard to engage	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Always	Sometimes	Rarely	Never	Unsure/Not Applicable
Avoids changes in head position	0	0	0	0	0
Seems clumsy—walks or runs awkwardly, drops or breaks things frequently	\circ	0	0	0	0
Unusually cautious when climbing stairs	0	0	0	0	0
Fidgets with objects and clothing	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Touches furniture or walls when walking	0	0	0	0	0
Gets dizzy easily or never seems to get dizzy	\bigcirc	0	\bigcirc	0	\bigcirc
Avoids or craves using playground equipment such as slides and swings	\circ	0	0	0	0
Doesn't seem to know where body parts are—bumps into toys, furniture, walls	0	0	0	0	0
Uses too much or too little force on pencils, crayons, or markers; for example, marks are very heavy or light, breaks crayons	0	0	0	0	0
Accidentally spills when opening containers, pouring, or drinking	0	0	0	0	0
Crashes and falls seemingly on purpose	0	0	0	0	0
Engages in repetitive movements such as rocking, jumping, spinning	0	0	0	0	0
Additional notes and observations:					
Behavior, Emotions, Play, and Self-Care					
Craves predictability and familiarity	0	0	0	0	0
Stops working to look at what others are doing	\bigcirc	0	0	\bigcirc	0
Struggles with sequencing activities	\circ	\circ	0	\circ	\bigcirc

	Always	Sometimes	Rarely	Never	Unsure/Not Applicable
Poor organization, loses things frequently	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Has difficulty with transitions such as from playing to going outdoors or getting ready for school	0	0	0	0	\circ
Engages in repetitive play	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Doesn't seem to understand concept of personal space	\circ	0	0	0	\bigcirc
Has difficulty playing with siblings or other children	\circ	0	0	0	\circ
Easily overwhelmed or frustrated	\circ	0	0	0	\bigcirc
Frequently tunes out or withdraws	\circ	0	0	0	\circ
Frequently acts out or has tantrums	\circ	0	0	0	\bigcirc
Needs reminders to follow household or school rules and routines	0	0	0	0	\circ
Has difficulty making friends	0	0	0	0	\bigcirc
Cries more easily than others of same age	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Has difficulty falling asleep, staying asleep, and/or waking up	0	0	0	0	\bigcirc
Unpredictable hunger cycles	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Seems less independent than children of same age	0	0	0	0	\bigcirc

Additional notes and observations:

Please return your completed Sensory Screening Tool to: