Sensory Profile

Child's Name _____ **Date:**_____

	Under-Sensitive	Never	Some times	Often	Over-Sensitive	Never	Some times	Often
SMELL (OLFACTORY)	Appears to have no sense of smell	Never	Some times	Often	Smells can be intensified and become overpowering; dislike of individuals with distinctive perfumes shampoos; dislikes strong smells	Never	Some times	Often
	Difficulty identifying things by their smell	Never	Some times	Often	Toileting problems such as fear or reluctance to use the toilet or distress after going to the toilet	Never	Some times	Often
	Smells self, people, objects food	Never	Some times	Often	Will hit their nose when upset	Never	Some times	Often
	Does not notice extreme odours	Never	Some times	Often	Can become upset or withdraw in response to certain smells	Never	Some times	Often
	Seeks strong odours (e.g. sprays perfume, empties shampoo bottles)	Never	Some times	Often		Never	Some times	Often
SIGHT(VISION)	Has a tendency to look out of the corner of their eye (use peripheral vision)	Never	Some times	Often	Constantly looks at minute particles / picks up tiny pieces of dust	Never	Some times	Often
	Poor depth perception – problems with throwing and catching; difficulty stepping up or down kerbs or staircases; clumsiness	Never	Some times	Often	Dislikes dark and bright lights	Never	Some times	Often
	Is attracted to lights	Never	Some times	Often	Notices tiny changes in environment	Never	Some times	Often
	Repetitive blinking	Never	Some times	Often	Is frightened by flashes of light (e.g. Light suddenly turning on)	Never	Some times	Often
	Looks intensely at objects and people	Never	Some times	Often	Looks down most of the time	Never	Some times	Often
	Moves fingers or objects in front of eyes	Never	Some times	Often	Squints or closes eyes in bright light	Never	Some times	Often
	Is fascinated with bright coloured objects, shiny objects, or patterns	Never	Some times	Often	Is bothered by bright lights after others have adapted	Never	Some times	Often
	Is overly interested in shadows, reflections, spinning objects etc.	Never	Some times	Often	Gets easily frustrated / tired under fluorescent lighting	Never	Some times	Often
	Appears startled when approached suddenly	Never	Some times	Often	Sudden outbursts of self-abuse or tantrums in response to a visual stimulus	Never	Some times	Often
	Runs a hand around the edge of objects	Never	Some times	Often	Does not recognise a familiar environment if approaches it from a different direction	Never	Some times	Often
	Becomes frustrated when trying to find objects in amongst other things	Never	Some times	Often	Turns away from television or computer screens	Never	Some times	Often
	Selects minor aspects of objects for attention instead of whole thing (e.g. a wheel rather than a whole toy car etc)	Never	Some times	Often	Watches everyone when they move around the room	Never	Some times	Often
		Never	Some times	Often	Does not recognise people in unfamiliar clothes	Never	Some times	Often

	Under-Sensitive	Never	Some times	Often	Over-Sensitive	Never	Some times	Often
HEARING (AUDITORY)	Does not react to sudden loud sounds	Never	Some times	Often	Struggles to ignore sounds leading to difficulties concentrating	Never	Some times	Often
	Enjoys crowded noisy places kitchens bangs doors and objects.	Never	Some times	Often	Is able to hear even very quiet sounds (e.g. asks what a certain sound was, when no one else heard it)	Never	Some times	Often
	Likes vibration	Never	Some times	Often	Dislikes having their haircut	Never	Some times	Often
	Is fascinated with certain sounds	Never	Some times	Often	Makes repetitive noises (hums or sings) to block out other sounds	Never	Some times	Often
	Likes to tear paper, crumple paper in their hand	Never	Some times	Often	Tries to break objects producing sounds (clocks, telephones etc.)	Never	Some times	Often
	Problems with saying particular sounds (pronunciation)	Never	Some times	Often	Dislikes unexpected or loud noises	Never	Some times	Often
	Does not acknowledge particular sounds or respond to name being called	Never	Some times	Often	Becomes upset or withdraws in response to certain sounds	Never	Some times	Often
	Enjoys making loud rhythmic noises	Never	Some times	Often	Covers ears to certain sounds	Never	Some times	Often
TASTE (GUSTATORY)	Likes strong tastes and / or spicy foods	Never	Some times	Often	Finds some foods too strong and over-powering	Never	Some times	Often
	Avoids bland tasting food	Never	Some times	Often	Avoids certain spicy foods	Never	Some times	Often
	Pica; eats everything – e.g. soil, grass, materials, play dough	Never	Some times	Often	Is a poor eater	Never	Some times	Often
	Mouths and licks objects	Never	Some times	Often	Uses the tip of tongue for tasting	Never	Some times	Often
	Lacks awareness of different flavours	Never	Some times	Often	Gags / vomits easily	Never	Some times	Often
	Is fascinated with certain tastes	Never	Some times	Often	Likes plain foods such as potato, white bread, pasta etc.	Never	Some times	Often
		Never	Some times	Often	Heightened awareness of flavours	Never	Some times	Often
		Never	Some times	Often	Dislikes strong tastes	Never	Some times	Often
		Never	Some times	Often	Only eats certain foods	Never	Some times	Often
		Never	Some times	Often	Will not eat hot or very cold foods	Never	Some times	Often

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TOUCH (TACTILE)	Touches people and objects	Never	Some times	Often	Finds touch painful and uncomfortable	Never	Some times	Often
	Holds others tightly	Never	Some times	Often	Reacts emotionally / aggressively to being touched	Never	Some times	Often
	Mouths objects or clothing	Never	Some times	Often	Moves away from people / insists on large personal space	Never	Some times	Often
	Doesn't seem to notice when face or hands are messy	Never	Some times	Often	Withdraws or hits out when people reach out to them or are nearby	Never	Some times	Often
	Leaves clothing twisted on body; layers clothing, wraps self in clothing or bedding	Never	Some times	Often	Likes touch ONLY when it is on their terms	Never	Some times	Often
	Seeks deep pressure by squeezing between furniture	Never	Some times	Often	Avoids touch or contact with objects or people	Never	Some times	Often
	Likes pressure and tight clothing	Never	Some times	Often	Does not like having anything on their hands or feet	Never	Some times	Often
	Enjoys heavy objects on top of them	Never	Some times	Often	Becomes upset when grooming / brushing teeth / nail clipping	Never	Some times	Often
	Is fascinated with certain textures	Never	Some times	Often	Likes to take their clothes off / Doesn't like wearing clothes	Never	Some times	Often
	Prone to self injuries – scratching, pinching, rubbing, hitting, hair pulling, hand biting	Never	Some times	Often	Doesn't like the feel of how certain clothing feels (e.g. tags, materials, seams in clothes, belts)	Never	Some times	Often
	Insists on being barefoot	Never	Some times	Often	Dislikes the feeling of tight fitting clothing	Never	Some times	Often
	Low reaction to pain or extreme temperatures	Never	Some times	Often	Only likes to wear certain clothes / Insists on wearing the same clothes	Never	Some times	Often
	Pushes or rubs body against objects/walls/people	Never	Some times	Often	Avoids wearing shoes	Never	Some times	Often
	Relaxes when given firm massage	Never	Some times	Often	Overreacts to heat / cold / pain	Never	Some times	Often
	Seems unaware of being touched or bumped	Never	Some times	Often	Difficulty tolerating temperature change (e.g. going from hot to cold)	Never	Some times	Often
	Touches things constantly; "learns" through his fingers	Never	Some times	Often	Dislikes and avoids messy play	Never	Some times	Often
	Has trouble keeping hands to self will poke or push other children	Never	Some times	Often	Dislikes food of certain texture	Never	Some times	Often
	Really enjoys shower rough towelling or firm hair brushing	Never	Some times	Often		Never	Some times	Often

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BALANCE (VESTIBULAR)	Sits awkwardly (e.g. on their foot, legs to the side)	Never	Some times	Often	Dislikes activities involving movement (e.g. swings, slides, see-saw etc)	Never	Some times	Often
	Seeks rough and tumble playful interactions	Never	Some times	Often	Difficulty learning new movement activities	Never	Some times	Often
	Becomes overly excitable during movement activity	Never	Some times	Often	Becomes anxious or distressed when feet leave the ground	Never	Some times	Often
	Seems to be constantly moving, rocking, shuffling when sitting	Never	Some times	Often	Fears heights, climbing stairs, escalators etc.	Never	Some times	Often
	Does not appear steady when running	Never	Some times	Often	Resists change to head position/movement; tenses or becomes irritable if moved by someone else; dislikes head upside down	Never	Some times	Often
	When playing, will constantly swing, spin, jump etc.	Never	Some times	Often	Avoid participation in sports or active games	Never	Some times	Often
	Accidentally bumps into people and objects	Never	Some times	Often	Feels sick from excessive movement (swings, merry-go-round, cars etc)	Never	Some times	Often
	Enjoys swinging activities	Never	Some times	Often	Avoids activities that involve balancing such as walking on narrow beams or handstands	Never	Some times	Often
	Enjoys being upside down	Never	Some times	Often		Never	Some times	Often
	Constantly on the move	Never	Some times	Often		Never	Some times	Often
	Loves car rides – may go to sleep in them	Never	Some times	Often		Never	Some times	Often
BODY AWARENESS (PROPRIOCEPTION)	Stands too close to people	Never	Some times	Often	Difficulties with fine motor skills / manipulating small objects (buttons, tying shoe laces)	Never	Some times	Often
	Accidentally bumps into people and objects	Never	Some times	Often	Has difficulty catching balls	Never	Some times	Often
	Slumping posture – leans against walls or people	Never	Some times	Often	Moves their whole body to look at something	Never	Some times	Often
	Can be clumsy or awkward in their movements	Never	Some times	Often	Fall down often and have difficulty with balance (e.g. when climbing stairs)	Never	Some times	Often
	Problems with muscle tone, co-ordination, motor planning	Never	Some times	Often	Enjoy movement that he/she initiates, but does not like to be moved by others particularly if the movement is unexpected	Never	Some times	Often

Thank you for completing this sensory profile. The information provided will be very helpful to understanding the child's strengths and difficulties, and how we can help them to achieve their potential.