



Sensory History

Child's Name: _____

Date: _____

Date of Birth: ___/___/___

Please check all that apply and circle or clarify as needed. Please feel free to furnish additional information. You may attach additional pages, if needed.

Attention and Behavior

- Short attention span—occasionally, frequently, all of the time
- Distracted by: visual/auditory/touch sensory input—mild /moderate/severe
- Difficulty making choices
- Jumps from one activity to another so frequently that it interferes with play
- Tends to be: active/aggressive/stubborn/uncooperative
- Tends to lack carefulness or be impulsive
- Takes movement or climbing risks during play that compromise personal safety
- Emotionally labile (easily upset mood variations)
- Overly affectionate with others or avoids demonstrating emotions
- Shows pleasure often/sometimes/rarely
- Overly aggressive/passive
- Becomes frustrated easily
- When upset is difficult to calm
- Has temper tantrums
- Expresses feeling like a failure, seems sensitive to criticism
- Tends to be overly serious, anxious, intense, explosive
- Tends to be calm, quiet, patient

- Tends to play alone, avoids group activities
- Difficulty making friends or interacting with peers
- Limited tolerance for other children's activities
- Needs to be "in control" of activities
- Prefers the company of adults over age-matched peers
- Doesn't seem to express emotion
- Doesn't seem to have a sense of humor
- Has difficulty perceiving and interpreting body language or facial expressions
- Needs more protection from life than other children
- Difficulty tolerating changes in routine
- Difficulty with transitions
- Difficult to motivate

Comments:

Tactile

- Touches everything in his/her path
- Loves being barefoot
- Loves to play in water, sand, mud, clay, etc.
- Doesn't seem to notice when hands or face are messy
- Demonstrates a decreased awareness of pain and temperature
- Bumps or pushes other children frequently
- Avoids "messy" things (sand, paste, finger paint)
- Avoids using hands
- Dislikes being touched or cuddled, especially with non-family members
- Dislikes having hair, face, or hands washed or teeth brushed
- Avoids wearing shoes/takes shoes off/takes off clothing

- ___ Avoids going barefoot, especially in sand or grass
- ___ Isolates self from other children
- ___ Wears excessive clothing (i.e., wears jacket even in warm weather)
- ___ Dislikes elastic bands on clothing
- ___ Difficulty with new clothes/tags in clothing/wears only cotton clothing
- ___ Dislikes certain types of materials or textures (clothing or food)
- ___ Pinches, bites, or otherwise hurts self or others (Please explain)

Comments:

Vestibular (movement)

- ___ Likes to swing
- ___ In constant motion (constantly moving, moving around in the chair, unable to remain seated or otherwise still)
- ___ Seeks opportunities to jump, fall, crash without regard for personal safety
- ___ Twirls, spins frequently
- ___ Likes roller coaster rides or other fast rides
- ___ Becomes overly excitable after a movement activity
- ___ Seems fearful of space and moving (stairs, heights, swings)
- ___ Becomes carsick easily or becomes nauseous with movement experiences
- ___ Avoids balancing activities (uneven or unsteady surfaces)
- ___ Loses balance easily
- ___ Appears clumsy, bumps into things, falls easily
- ___ Tends to misunderstand meaning of words used in relation to movement or position
- ___ Walks on toes (verses whole foot)
- ___ Prefers quiet, sedentary activities

Comments (regarding movement issues/concerns):

Proprioception (body awareness)

- Seeks activities which involve pushing/dragging/lifting/jumping
- Props head up with hand while at a desk
- Resists games where children are blindfolded or has difficulty keeping eyes closed
- Hesitant when moving backwards
- Hangs on other people/furniture/objects, even in familiar situations
- Grinds teeth
- Chews on pencils/straws/nails/other non food items
- Loves giving or receiving "bear hugs"
- Unable to complete tasks that require working against physical resistance
- Hand tires after writing
- Uses excessive force with toys or paper pencil activities

Comments:

Visual

- Has a diagnosed problem. Please describe:
- Wears glasses
- Eye contact: good/ poor/minimal/avoids
- Dislikes/avoids having eyes covered
- Distracted by visual stimuli
- Rubs eyes after short periods of visual activity

___ Turns whole body to look at you (i.e., unable to isolate head movement from trunk)

___ Difficulty following a moving object with eyes

___ Difficulty copying from the board

___ Reverses some letters or numbers (Check only if 7 years old or older)

Comments:

Auditory and Language

___ Has a suspected or diagnosed hearing loss. Please describe:

___ Has speech or articulation difficulty

___ Has difficulty paying attention when there are other noises nearby

___ Loves/seeks/hates music

___ Appears better able to concentrate when music is playing or is incorporated into the learning process

___ Has difficulty expressing what she/he wants to say

___ Has difficulty understanding what is said to him/her

___ Limited/no use of gestures to make self understood

___ Excessive talking interferes with listening

___ Enjoys strange noises

___ Seeks to make noise for noise sake

___ Hypersensitive to and/or fearful of sounds

Please describe:

___ Uses a specific communication system (PECS, sign language)

Comments:

Olfactory/Gustatory

___Smells non-food objects: initially/excessively

___Does not seem to smell strong odors

___Shows a strong preference or objection to new, unusual, or certain odors

Please list:

___Tends to "mouth" edible/non-edible items (i.e., suck his/her thumb, suck a pacifier, suck on shirt collar, bite fingernails, chew on pencils, difficulty with transitioning off of bottle, Please describe.

___Craves certain foods/tastes/smells

___Likes specific types of foods: spicy/sweet/salty/crunchy

Please list:

Comments:

Oral Motor Control

___Poor lip control/lip closure for eating, drinking, using utensils

___Messy eater

___Limited skills with blow toys, whistles, bubbles

___Poor saliva control/drooling

___Chokes easily on liquids/solids

___Shallow breathing

___Holds breath when applying effort

Comments:

Thank you for taking the time to complete this sensory history. We are glad to be working with you and your child!