

Solihull’s Early Years

Sensory Processing Checklist

Touch Taste Sight Hearing Smell

Body Awareness Movement and Balance

How to use the Sensory Processing Checklist?

For some children, sensory processing may affect how a child experiences their world on a day-to-day basis, this can lead to a child having difficulties dealing with certain sensory stimulus and/or environments and result in the child presenting with certain behaviours. A child may be over-responsive or under-responsive to the various senses. The aim of this tool is to provide a snapshot of a child’s behaviours and to narrow down which sense/s may be contributing to the challenges they face so that their support can be individualised to help the child to manage their sensory processing needs. This is not a diagnostic tool but instead can be used to identify patterns which may help to pinpoint the source of a child’s daily challenges.

We have various sensory systems that help us to navigate through the world on a daily basis, a child who experiences sensory processing challenges may do so in one or more systems:

* Tactile (related to touch)
* Gustatory (related to taste)
* Olfactory (related to smell)
* Visual (related to sight)
* Auditory (related to hearing)
* Proprioception and Interoception (related to body awareness)
* Vestibular (related to movement and balance)

Instructions: Please tick the box that best describes the frequency with which the child or young person does the following.

Please use the following guidance to mark your responses:

In each section, please tick the appropriate box:

1. Frequently (the child does this several times throughout the day, every day)
2. Occasionally (this behaviour is observed at times, perhaps not on a daily basis)
3. Rarely (the child does present with this behaviour at times, but not very often)
4. Never (the child does not present with this behaviour)

After completing each section, count the scores using a point system:

|  |  |
| --- | --- |
| Frequently | 4 points |
| Occasionally | 3 points |
| Rarely | 2 points |
| Never | 1 point |

Put the total number of points for each section in the box provided underneath.

Once you have completed all the sections 1-14, add the total in each section on the Area of Difference table (please follow the example in the table).

For advice or ideas around strategies for each section please refer to our Supporting Children with Sensory Processing Differences in Early Years Settings document.

Sensory Check List

|  |  |  |
| --- | --- | --- |
| **Childs Name:** | **Date of Birth:** | **Date completed:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of Difference** | | **Child’s**  **Score** | **Typical / Expected Range** | **Experiencing Sensory Challenges** | **Results** |
|  | Taste Seeking (example) | 26 | 9-28 | 27-36 | Typical |
| 1 | Touch Avoiding |  | 10-31 | 30-40 |  |
| 2 | Touch Seeking |  | 9-28 | 27-36 |  |
| 3 | Taste Avoiding |  | 7-22 | 21-28 |  |
| 4 | Taste Seeking |  | 9-28 | 27-36 |  |
| 5 | Smell Avoiding |  | 7-22 | 21-28 |  |
| 6 | Smell Seeking |  | 7-22 | 21-28 |  |
| 7 | Sight Avoiding |  | 7-22 | 21-28 |  |
| 8 | Sight Seeking |  | 8-25 | 24-32 |  |
| 9 | Hearing Avoiding |  | 7-22 | 21-28 |  |
| 10 | Hearing Seeking |  | 8-25 | 24-32 |  |
| 11 | Body Awareness Avoiding |  | 10-31 | 30-40 |  |
| 12 | Body Awareness Seeking |  | 10-31 | 30-40 |  |
| 13 | Movement and Balance Avoiding |  | 9-28 | 27-36 |  |
| 14 | Movement and Balance Seeking |  | 10-31 | 30-40 |  |

1 Touch (Tactile) Over-Responsive/Avoiding

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resists touch, pulls away from physical contact |  |  |  |  |
| As a baby, did/does not like to be held or cuddled |  |  |  |  |
| Distressed with nappy changes |  |  |  |  |
| Avoids group situations or crowds |  |  |  |  |
| Avoids/refuses to do ‘messy play’ |  |  |  |  |
| Distressed by dirty hands and wants to wipe or wash them frequently |  |  |  |  |
| Overreacts to minor cuts or scrapes |  |  |  |  |
| Refuses to walk barefoot on grass or sand |  |  |  |  |
| Walks on toes on new surfaces or textures |  |  |  |  |
| Distressed by clothes rubbing on skin; prefers to be naked or pulls nappy/clothes off constantly |  |  |  |  |

2 Touch (Tactile) Under-Responsive/Seeking

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Craves touch or seeks to touch people |  |  |  |  |
| Underreacts to cold, heat or pain |  |  |  |  |
| Pinches, bites, or rubs self |  |  |  |  |
| Not aware that hands or face are dirty or the feeling their nose is running |  |  |  |  |
| Unaware of hurting others while playing |  |  |  |  |
| Repeatedly touches surfaces or objects for comfort |  |  |  |  |
| Can’t distinguish between light and soft touch |  |  |  |  |
| Thoroughly enjoys and seeks out messy play |  |  |  |  |
| Likes tight cuddles or small spaces |  |  |  |  |

Total:

3 Taste (Gustatory) Over-Responsive/Avoiding

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fussy or poor eater |  |  |  |  |
| Gags/avoids with textured foods |  |  |  |  |
| Dislikes toothpaste and/or teeth brushing |  |  |  |  |
| Prefers bland (beige diet) foods |  |  |  |  |
| Dislikes food with mixed textures |  |  |  |  |
| Sensitivities to hot and/or cold foods |  |  |  |  |
| Resists trying new foods |  |  |  |  |

4 Taste (Gustartory) Under-Responsive/Seeking

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mouths, licks or eats objects |  |  |  |  |
| Bites or sucks on fingers |  |  |  |  |
| Overfills mouth with foods |  |  |  |  |
| Excessive eating |  |  |  |  |
| Eats a wide range of food |  |  |  |  |
| Prefers food with intense flavours |  |  |  |  |
| Excessive drooling |  |  |  |  |
| Bites skin of others or self |  |  |  |  |
| Chewing and/or sucks clothes |  |  |  |  |

5 Smell (Olfactory) Over-Responsive/Avoiding

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Avoids certain areas due to strong smells |  |  |  |  |
| Tells other people how bad or funny they smell |  |  |  |  |
| Refuses to eat certain foods because of the smell |  |  |  |  |
| Dislikes the smell of perfume/deodorant/aftershave |  |  |  |  |
| Dislikes cooking smells |  |  |  |  |
| Hold nose to block smells |  |  |  |  |
| Behaves differently due to smells |  |  |  |  |

6 Smell (Olfactory) Under-Responsive/Seeking

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Smells objects/clothing or people |  |  |  |  |
| Unable to distinguish between strong and weak odours |  |  |  |  |
| Seeks strong odours |  |  |  |  |
| May smear or play with faeces |  |  |  |  |
| Does not notice odours that others complain about |  |  |  |  |
| Excessive use of smelling when introduced to objects, people, or places |  |  |  |  |
| Carry an item around with them to smell (comfort) |  |  |  |  |

7 Sight (Visual) Over-Responsive/Avoiding

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Covers, closes, or squints eyes at bright lights/colours |  |  |  |  |
| Dislikes/avoids bright lights or colours |  |  |  |  |
| Focuses on detail rather than whole picture |  |  |  |  |
| Avoids eye contact |  |  |  |  |
| Enjoys playing in the dark |  |  |  |  |
| Avoids busy/crowded spaces |  |  |  |  |
| Objects to go outside in the sunshine |  |  |  |  |

8 Sight (Visual) Under-Responsive/Seeking

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gets excited by bright or flickering objects |  |  |  |  |
| Fascinated with coloured/shiny objects |  |  |  |  |
| Makes compulsive repetitive hand or body movements |  |  |  |  |
| Flicks light switches on and off |  |  |  |  |
| Rubs eyes hard |  |  |  |  |
| Uses peripheral vision |  |  |  |  |
| Enjoys looking closely at patterns |  |  |  |  |
| Watches repetitive movements |  |  |  |  |

9 Hearing (Auditory) Over-Responsive/Avoiding

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Distracted by sounds not noticed by others e.g., humming of computer |  |  |  |  |
| Appears fearful of sudden, unexpected, or unfamiliar sounds |  |  |  |  |
| Covers or blocks ears |  |  |  |  |
| Makes repetitive noises to ‘block’ out other sounds |  |  |  |  |
| Complains or becomes distressed about noises |  |  |  |  |
| Poor concentration |  |  |  |  |
| Refusal/reluctant to go into certain rooms due to sounds/noises |  |  |  |  |

10 Hearing (Auditory) Under-Responsive/Seeking

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Makes lots of noises |  |  |  |  |
| Likes noisy places/toys |  |  |  |  |
| Uses a loud voice |  |  |  |  |
| Fascinated by certain sounds/music |  |  |  |  |
| Can appear to ignore people talking |  |  |  |  |
| Doesn’t appear to hear if looking at something |  |  |  |  |
| Appears confused about where a sound is coming from |  |  |  |  |
| Often does not respond to name being called |  |  |  |  |

11 Body Awareness (Proprioception and Interoception) Over-Responsive/Avoiding

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Appears floppy/leans on people |  |  |  |  |
| Dislikes having wet/soiled nappy |  |  |  |  |
| Avoids busy or crowded areas |  |  |  |  |
| Cautious in play with others, may seek corner and avoids contact |  |  |  |  |
| Does not like shaking hands or being hugged |  |  |  |  |
| Is always hungry wanting more food |  |  |  |  |
| Will make a fuss/cry with only a small bump |  |  |  |  |
| Finds toilet training difficult |  |  |  |  |
| Seems uncoordinated/clumsy |  |  |  |  |
| Dislikes extremes of temperatures |  |  |  |  |

12 Body Awareness (Proprioception and Interoception) Under-Responsive/Seeking

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unable to keep still or move slowly |  |  |  |  |
| Seeks ‘rough and tumble’ play |  |  |  |  |
| Doesn’t seem to feel pain |  |  |  |  |
| Needs reminding/ encouraging to eat and drink |  |  |  |  |
| May walk on toes |  |  |  |  |
| Bumps into people or objects |  |  |  |  |
| Enjoys firm hugs or being in tight/small spaces |  |  |  |  |
| Doesn’t notice when wet or soiled |  |  |  |  |
| Does not feel the cold or heat cant self-regulate temperature |  |  |  |  |
| Seeks extremes in play e.g. climbs too high |  |  |  |  |

13 Movement and Balance (Vestibular) Over-Responsive/Avoiding

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Avoids fast/spinning activities |  |  |  |  |
| Avoids taking risks in physical play |  |  |  |  |
| Does not like feet to leave the ground |  |  |  |  |
| Prefers quiet play |  |  |  |  |
| Does not like going up or down steps |  |  |  |  |
| Dislikes head being tipped back |  |  |  |  |
| Gets carsick easily |  |  |  |  |
| Dislikes walking on uneven surfaces |  |  |  |  |
| Loses balance easily and may appear clumsy |  |  |  |  |

14 Movement and Balance (Vestibular) Under-Responsive/Seeking

|  |  |  |  |
| --- | --- | --- | --- |
| Frequently  4 | Occasionally  3 | Rarely  2 | Never  1 |

Total:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enjoys lots of movement e.g., rocks, spins, jumps |  |  |  |  |
| Runs, jumps or hops instead of walking |  |  |  |  |
| Walks on tiptoes |  |  |  |  |
| Unaware of the risks of climbing or heights |  |  |  |  |
| Has difficulty sitting still Moves feet and legs while sitting on a chair |  |  |  |  |
| Likes intense rides or roundabouts |  |  |  |  |
| Loves being tossed in the air |  |  |  |  |
| Can spin for long periods and never appears to be dizzy |  |  |  |  |
| Jumps on furniture, trampolines, spins in swivel chair |  |  |  |  |
| Loves being in upside down positions |  |  |  |  |