

Name _____

Date _____

Sensory History

Touch

Does your child:

Dislike getting his/ her hands messy or touching unfamiliar things?	Yes	no	sometimes
Dislike having his/her hair brushed, cut, or washed?	Yes	no	sometimes
Become irritated by feel of certain clothing or tags in clothing?	Yes	no	sometimes
Become irritable when held?	Yes	no	sometimes
Prefer rough, firm hugs?	Yes	no	sometimes
Like to be tickled?	Yes	no	sometimes
Dislike being barefoot?	Yes	no	sometimes
Enjoy baths?	Yes	no	sometimes
Seem unaware of being hurt, injured or bruised?	Yes	no	sometimes
Object to being hugged or touched by unfamiliar people?	Yes	no	sometimes
Prefer to initiate his/her own greetings, hugs, and handholding?	Yes	no	sometimes
Seem upset at large family gatherings?	Yes	no	sometimes
Avoid being in the center of a group of other children?	Yes	no	sometimes
React with hitting or pushing when other children get too close?	Yes	no	sometimes
Bump and push during play?	Yes	no	sometimes
Frequently walk on his/her toes?	Yes	no	sometimes
Like to play in the sand?	Yes	no	sometimes
Play roughly with toys?	Yes	no	sometimes
Become upset going to the supermarket?	Yes	no	sometimes

Movement

Does your child:

Enjoy roughhouse play?	Yes	no	sometimes
Intentionally bang his/her head?	Yes	no	sometimes
Enjoy repeatedly jumping on beds, sofas, or the floor?	Yes	no	sometimes
Ever tense and quickly move his hands when excited?	Yes	no	sometimes
Hit or throw objects when frustrated?	Yes	no	sometimes
Seem to throw himself/herself into furniture or people when running?	Yes	no	sometimes

Vestibular

Does your child:

Like to rock?	Yes	no	sometimes
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Like to be tipped upside down?	Yes	no	sometimes
Seek to play on playground equipment?	Yes	no	sometimes
Seem fearful of playground equipment?	Yes	no	sometimes
Enjoy repeated bouncing, swinging, spinning, or twirling?	Yes	no	sometimes
Seem fearful of swinging?	Yes	no	sometimes
Get upset when picked up or moved unexpectedly?	Yes	no	sometimes

Coordination

Does your child:

Appear clumsier than other children?	Yes	no	sometimes
Seem to be a messy eater?	Yes	no	sometimes
Frequently fall, trip, or bump into things during play?	Yes	no	sometimes
Appear to be interested in dressing or undressing himself?	Yes	no	sometimes
Prefer active play to tabletop activities?	Yes	no	sometimes
Have difficulty learning new motor tasks?	Yes	no	sometimes

Oral

Does your child:

Like having his/her face washed or wiped?	Yes	no	sometimes
Frequently put toys or other objects in his/her mouth?	Yes	no	sometimes
Have difficulty eating solid foods?	Yes	no	sometimes
Bite objects or people?	Yes	no	sometimes
Reject certain taste or textures?	Yes	no	sometimes
Seem to be a picky eater?	Yes	no	sometimes
Reject having his teeth brushed?	Yes	no	sometimes
Like to eat frequently throughout the day rather than at mealtime?	Yes	no	sometimes

Auditory

Does your child:

Ever repeat the same sounds over and over when excited?	Yes	no	sometimes
Seem to be sensitive to loud or unexpected noises?	Yes	no	sometimes
Seem oversensitive to familiar sounds?	Yes	no	sometimes
Seem unaware of sound or people talking to him?	Yes	no	sometimes
Prefer toys that play music or make sounds?	Yes	no	sometimes
Dislike being sung to?	Yes	no	sometimes
Like having stories read to him/her?	Yes	no	sometimes

Like to repeatedly make funny noises?	Yes	no	sometimes
Repeat words or phrases, heard in the past, which are not related to the current environment?	Yes	no	sometimes
Listen to you when you talk to him?	Yes	no	sometimes
Seem to be quiet?	Yes	no	sometimes

Visual

Does your child:

Avoid eye contact?	Yes	no	sometimes
Look away when over stimulated?	Yes	no	sometimes
Prefer to watch familiar videotapes or TV shows to other activities?	Yes	no	sometimes
Like to line up or sort toys?	Yes	no	sometimes
Avoid playing when too many objects are in front of him?	Yes	no	sometimes
Like looking at books with busy pictures?	Yes	no	sometimes
Seem to be sensitive to the sun or bright lights?	Yes	no	sometimes

Activity

Does your child:

Sleep a lot?	Yes	no	sometimes
Sleep poorly and/or wake frequently?	Yes	no	sometimes
Prefer to play by himself?	Yes	no	sometimes
Seem passive or less active than children his age?	Yes	no	sometimes
Fatigue easily?	Yes	no	sometimes
Did your child rarely cry as a baby?	Yes	no	sometimes
Were your child's motor milestones delayed?	Yes	no	sometimes

Social

Does your child:

Easily become frustrated?	Yes	no	sometimes
Have difficulty handling new situations?	Yes	no	sometimes
Have difficulty changing from one activity to another?	Yes	no	sometimes
Seem impulsive?	Yes	no	sometimes
Accept changes in his routine?	Yes	no	sometime
Prefer to play by himself?	Yes	no	sometimes

Form developed by the Parent Info Center