

Sensory Processing Checklist

Infants / Toddlers

Name: _____ Date of Birth: _____

Date Completed: _____ Completed by: _____

Many of the sensory symptoms listed are common for individuals with sensory processing problems. Check ALL that apply.

<input type="checkbox"/>	My infant/toddler has problems eating.
<input type="checkbox"/>	My infant/toddler refuses to go to anyone but me.
<input type="checkbox"/>	My infant/toddler has trouble falling asleep or staying asleep
<input type="checkbox"/>	My infant/toddler is extremely irritable when I dress him/her; seems to be uncomfortable in clothes.
<input type="checkbox"/>	My infant/toddler rarely plays with toys, especially those requiring dexterity.
<input type="checkbox"/>	My infant/toddler has difficulty shifting focus from one object/activity to another.
<input type="checkbox"/>	My infant/toddler does not notice pain or is slow to respond when hurt.
<input type="checkbox"/>	My infant/toddler resists cuddling, arches back away from the person holding him.
<input type="checkbox"/>	My infant/toddler cannot calm self by sucking on a pacifier, looking at toys, or listening to my voice.
<input type="checkbox"/>	My infant/toddler has a "floppy" body, bumps into things and/or has poor balance.

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<input type="checkbox"/>	My infant/toddler does little or no babbling, vocalizing.
<input type="checkbox"/>	My infant/toddler is easily startled.
<input type="checkbox"/>	My infant/toddler is extremely active and is constantly moving body/limbs or runs endlessly.
<input type="checkbox"/>	My infant/toddler seems to be delayed in crawling, standing, walking or running.

Additional Comments: _____

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