

Sensory Processing Checklist

School Age

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 child is overly sensitive to stimulation, overreacts to or does not like touch, noise, smells, etc.
<input type="checkbox"/>	My child is easily distracted in the classroom, often out of his/her seat, fidgety.
<input type="checkbox"/>	My child is easily overwhelmed at the playground, during recess and in class.
<input type="checkbox"/>	My child is slow to perform tasks.
<input type="checkbox"/>	My child has difficulty performing or avoids fine motor tasks such as handwriting.
<input type="checkbox"/>	My child appears clumsy and stumbles often, slouches in chair.
<input type="checkbox"/>	My child craves rough housing, tackling/wrestling games.
<input type="checkbox"/>	My child is slow to learn new activities.
<input type="checkbox"/>	My child is in constant motion.
<input type="checkbox"/>	My child has difficulty learning new motor tasks and prefers sedentary activities.

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<input type="checkbox"/>	My child has difficulty making friends (overly aggressive or passive/ withdrawn).
<input type="checkbox"/>	My child 'gets stuck' on tasks and has difficulty changing to another task.
<input type="checkbox"/>	My child confuses similar sounding words, misinterprets questions or requests.
<input type="checkbox"/>	My child has difficulty reading, especially aloud.
<input type="checkbox"/>	My child stumbles over words; speech lacks fluency, and rhythm is hesitant.

Additional Comments: _____
