

Sensory Processing Checklist

Pre-School

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 has difficulty being toilet trained.
<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 unaware of being touched/bumped unless done with extreme force/intensity.
<input type="checkbox"/>	My child has difficulty learning and/or avoids performing fine motor tasks such as using crayons and fasteners on clothing.
<input type="checkbox"/>	My child seems unsure how to move his/her body in space, is clumsy and awkward.
<input type="checkbox"/>	My child has difficulty learning new motor tasks.
<input type="checkbox"/>	My child is in constant motion.
<input type="checkbox"/>	My child gets in everyone else's space and/or touches everything around him.
<input type="checkbox"/>	My child has difficulty making friends (overly aggressive or passive/ withdrawn).
<input type="checkbox"/>	My child is intense, demanding or hard to calm and has difficulty with transitions.

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<input type="checkbox"/>	My child has sudden mood changes and temper tantrums that are unexpected.
<input type="checkbox"/>	My child seems weak, slumps when sitting/standing; prefers sedentary activities.
<input type="checkbox"/>	It is hard to understand my child's speech
<input type="checkbox"/>	My child does not seem to understand verbal instructions.

Additional Comments: _____

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