

Sensory Assessment Form

Child Name: _____ **Age :** _____ **Date of Birth:** _____
M No. : _____ **MH No. :** _____ **MTW No. :** _____
Therapist Name: _____ **Date of Exam:** _____ **Address :** _____

1 = Always 2 = Often 3 = Seldom Never = 4

Sl No	Sensory area	1 st Date-	3 rd F/U Date-	6 th F/U Date	Last F/U Date
Visual /Sight (Hyper)					
1	Prefers to be in dark.				
2	Avoids bright light.eg. hides form sun light.				
3	Avoids eye contacts.				
4	Covers eyes .				
5	Eye blinking/ Blinks often				
Visual/Sight (Hypo)					
6	Looks intensely at people/objects				
7	Watches repetitive movements. eg. opening & closing door, moving Finger in front of face.				
8	Lining things up				
9	Corner vision				
Auditory Processing (Hyper)					
1	Holds hand to ears/putting hand to ears.				
2	Cries with certain noise				
3	Responds negatively to unexpected or loud noises eg cries at noise from vacuum cleaner, dog barking, hair drier .				
4	Can't work with back ground noise.(Fan, Refrigerator)				
Auditory Processing (Hypo)					
5	Does not respond when name is called.				
6	Does not seem to hear what people say.				
7	Likes music and certain sound.				

1 = Always

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Never = 4

Sl No	Tactile (Hyper)	1 st Date-	3 rd F/U Date-	6 th F/U Date	Last F/U Date
8	Avoids getting messy play.(mud, sand, paste, finger paint, glue, tape				
9	Is sensitive to certain fabrics texture.				
10	Likes to have no cloths on.				
11	Becomes irritated by shoes or socks.				
12	Expres distress during grooming .(hair & nail cutting/ hair & face washing .)				
13	Displays unusual need for touching certain toys(constantly touching objects)				
14	Touches people and object.				
15	Avoids going bare foot (sand / grass)				
Tactile (Hypo)					
16	Likes tight fitting dress				
17	Squeezes into tight spaces.				
18	Wraps up in blanket.				
19	Likes long hugs.				
20	Likes holding objects.				
21	Rarely cries when hurt.				
22	Bumps into people.				
23	Lying flat on the floor				
24	Clapping his hands				
25	Putting object in his mouth				
Olfactory(smell & taste) (Hyper)					
26	Likes bland food/Sensitive to food textures.				
27	Picky eater,				
28	Gags easily with food texture /Food utensil in mouth.				
29	Sensitive to certain taste.				

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		1st Date-	3rd F/U Date-	6th F/U Date	Last F/U Date
	Olfactory (Hypo)				
30	Explores things by licking/smelling them.				
31	Likes very salty/very spicy food				
32	Smelling peoples hair/Routinely smell non food object				
33	Sucks thumb/Fingers				
34	Dribbling /Tone around mouth.				
	Vestibular/Movement (Hyper)				
35	Shows fear on steps				
36	Becomes anxious/ Distressed when feet leave the ground.				
37	Dislike activities where head is upside down(somersaults (rough housing)				
38	Avoids play ground equipment/Moving toys(Swing set, merry go round)				
39	Seeks all kind of movement and this interfere with daily routines.(cants sit still, fidgets)				
	Vestibular (Hypo)				
40	Likes jumping				
41	Likes rocking				
42	Likes spinning				
43	Likes rough & tumble play.				
46	Runs				
47.	Likes climbing				
48	Likes falling				
49	Walks round edge of the room				
50	Squeeze into small space				
51	Swing				
52	Post rotator nystigmus (eye movement)				
	Proprioceptive/Body awareness				
53	Seems to have weak muscle.				
54	Has a weak grasps				
55	Can't lift heavy objects				
56	Holding objects				
57	Hugging (deep pressure)				
58	Hand flapping down				
59	Clapping				