**Sensory Assessment Checklist**

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| This form has been completed by: | ☐ School | ☐ Parents/ Carers |
| Name of person completing this assessment: |  | |
| Name of child/ pupil: |  | |
| Relationship to child/ pupil: |  | |
| Name (in capitals): |  | |
| Signature: |  | |
| Date: |  | |

This checklist is taken from the AET website and is based on the sensory profile checklist from Bogdashina, 2003 and included in the IDP autism spectrum

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| --- | --- | --- | --- | --- |
| **No.** | **Item** | **Yes** | **No** | **Don’t know** |
| 1 | Resists changes to familiar routines |  |  |  |
| 2 | Does not recognise familiar people in unfamiliar clothes |  |  |  |
| 3 | Dislikes bright lights |  |  |  |
| 4 | Dislikes fluorescent lights |  |  |  |
| 5 | Is frightened by flashes of light |  |  |  |
| 6 | Puts hands over eyes or closes eyes in bright light |  |  |  |
| 7 | Is attracted to lights |  |  |  |
| 8 | Is fascinated by shiny objects and bright colours |  |  |  |
| 9 | Touches the walls of rooms |  |  |  |
| 10 | Enjoys certain patterns (e.g., brickwork, stripes) |  |  |  |
| **No.** | **Item** | **Yes** | **No** | **Don’t know** |
| 11 | Gets lost easily |  |  |  |
| 12 | Has a fear of heights, lifts, escalators |  |  |  |
| 13 | Has difficulty catching balls |  |  |  |
| 14 | Is startled when approached by others |  |  |  |
| 15 | Smells, licks, taps objects and people |  |  |  |
| 16 | Appears not to see certain colours |  |  |  |
| 17 | Uses peripheral vision when doing a task |  |  |  |
| 18 | Find it easier to listen when not looking at person |  |  |  |
| 19 | Remembers routes and places extremely well |  |  |  |
| 20 | Can memorise large amounts of information on certain topics |  |  |  |
| 21 | Prefers to sit at back of group or front of group |  |  |  |
| 22 | Covers ears when hears certain sounds |  |  |  |
| 23 | Can hear sounds which others do not hear |  |  |  |
| 24 | Is very distressed by certain sounds |  |  |  |
| 25 | Bangs objects and doors |  |  |  |
| 26 | Is attracted by sounds and noises |  |  |  |
| 27 | Does not like shaking hands or being hugged |  |  |  |
| 28 | Likes a hug if chosen to do this |  |  |  |
| 29 | Only seems to hear the first words of a sentence |  |  |  |
| 30 | Repeats exactly what others have said |  |  |  |
| 31 | Very good auditory memory for songs and rhymes |  |  |  |
| 32 | Dislikes the feel of certain fabrics and substances |  |  |  |
| **No.** | **Item** | **Yes** | **No** | **Don’t know** |
| 33 | Seems unaware of pain and temperature |  |  |  |
| 34 | Dislikes certain foods and drinks |  |  |  |
| 35 | Seeks pressure by crawling under heavy objects |  |  |  |
| 36 | Hugs very tightly |  |  |  |
| 37 | Enjoys feeling certain materials |  |  |  |
| 38 | Dislikes certain everyday smells |  |  |  |
| 39 | Eats materials which are not edible |  |  |  |
| 40 | Likes to have food presented in a certain way on the plate |  |  |  |
| 41 | Dislikes crunchy or chewy food |  |  |  |
| 42 | Quite clumsy and bumps into objects and people |  |  |  |
| 43 | Finds fine motor movements hard |  |  |  |
| 44 | Has difficulty running and climbing |  |  |  |
| 45 | Finds it hard to ride a bike |  |  |  |
| 46 | Does not seem to know where body is in space |  |  |  |
| 47 | Has poor balance |  |  |  |
| 48 | Afraid of everyday movement activities such as swings, slides trampoline |  |  |  |
| 49 | Has extremely good balance |  |  |  |