

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ONSLow MEMORIAL HOSPITAL  
DEPARTMENT OF REHABILITATION**

**SENSORY OBSERVATION CHECKLIST**

This checklist will help us identify areas that are giving your child difficulty. Completing this checklist will help your child's therapist plan strategies that will help him / her better process how sensory information is perceived and how that can improve function and development

Based on your observations, please rate your child in the following areas, using this scale:

- 3 = Not Observed
- 2 = Mild / Sometimes
- 1 = Moderate / Often
- 0 = Extreme / Always

	0	1	2	3
Dislikes touch (tickling, kisses, etc.)				
Refuses to walk barefoot on grass or sand				
Jumps on furniture, spins in chairs, loves upside-down				
Dislikes playground: swings, slides, merry-go-round				
Dislikes clothing rubbing on skin; has distinct preferences or many refusals				
Enjoys or seeks out messy play				
Touches everything and everyone				
Unaware that hands are dirty/nose is running				
Not bothered by scrapes, bruises or bumps				
Demonstrates rough play with toys				
Fearful of falling; dislikes upside-down, spinning, etc.				
Fearful of riding bicycle, jumping, hopping				
Runs, jumps, hops instead of walking				
Stomps feet when walking				
Frequently walks on toes				
Loves "rough and tumble" play (spinning, tossed in air"				
Falls on floor intentionally: bumps walls, furniture				
Gags on textured foods				
Eats only cold foods or hot foods				
Likes salty, spicy, sweet or sour foods				
Is "picky" eater; resists trying new foods				
Excessive drooling past teething age				
Resists tooth brushing				
Dislikes or "fusses" about toothpaste				
Licks, tastes or chews on inedible objects				
Chews on hair, fingers, shirt sleeves or shirt collar				
Difficulty finding things (toys, books, crayons, etc.)				
Prefers to play in low-light				

	0	1	2	3
Difficulty getting dressed				
Difficulty using hands/fingers for zippering, buttoning, etc.				
Difficulty with scissors, crayons, silverware, etc.				
Fatigues easily with or dislikes drawing, coloring, writing				
Presses too hard/too light when drawing, coloring				
Uses too much force (closing doors, petting animals, etc.)				
Written work is messy				
Goes from sleep to awake with difficulty (crying)				
Requires excessive help to fall asleep				
Sensitive to smells (refuses foods talks about smells)				
Uses smell to interact with objects (smells everything)				
Fearful of noisy objects or equipment				
Distracted by movement, decorations, windows, etc.				
Does not respond to name being called				
Distracted by environmental sounds				
Difficulty paying attention				
Gets easily frustrated				
Difficulty remembering what is said				
Does not interact with peers or adults; observes				
Prefers to play by self				
Does not make needs known appropriately for age				
Unable to find purposeful play (if over 15 months)				
Needs adult guidance to play (if over 18 months)				
Frequent constipation or diarrhea				

Completed by: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

