

Sensory Preference checklist

 This Sensory Preference Checklist can be used by professionals in school and nursery as well as members of the services for young children team. To complete this checklist, a mixture of observations in class and around school, as well as talking to parents/carers and the child /YP (if possible) are all recommended to get a fuller picture of the individual’s sensory needs. This checklist is to be used to build the picture of a child’s or YP’s sensory needs. This is not a diagnosis but can be used to adapt the environment following advice from the SfYC SALT, C&I Occupational therapist, the C&I sensory STA and the resources produced by the C&I team available on the Moodle. If you feel the CYP needs additional support beyond the universal advice, please seek support from Health Services.

To use, highlight the statements that are true.

It is important to consider the following before completing the checklist:

* Has the child got a diagnosis and how this diagnosis impacts on their sensory responses?
* Observations need to take account of pre-events as well as context (for example: noisy group work - arguments with friends during break- cover teacher)
* The level of the child’s communication: is the child verbal or non-verbal? Uses sign language or PECS?
* Level of stress or anxiety during the observations
* Humans are sensory beings, and we all have sensory preferences. It is possible to be over responsive, under responsive and seeking across senses. When preferences are impacting on functionality, it is good to have a better understanding of how to support the CYP.

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| Child’s name: | Age and Year group: |
| Date: | Completed by (Name and Role): |

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| Context(s) of observation(s): | Pre-events: | Diagnosis: | Discussions with: | Child’s communication level |
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| **Auditory (hearing)**  |
| Over responsive | Under responsive | Seeking |
| * Dislikes loud, unexpected sounds (alarms, bells, sirens)
* Responds to loud noises by running away, crying and/or holding hands over ears
* Easily startled to unexpected sounds
* Prefers to stay away or avoid noisy environments
* Easily distracted by background noises
* Overwhelmed by canteen, shopping centres, assemblies
* Difficulties with higher pitched sounds like hand driers / hoovers
 | * Does not respond when his/her name is called
* Does not respond to instructions given just once
* Does not notice sounds around them
* May appear to be in their own world
* May not be able to tell where a sound is coming from
* Ask ‘what’ frequently in conversations
* Makes their own noises for fun
 | * Plays music and TV at very loud volumes
* Makes noises while doing other tasks
* Enjoys noisy places and environments
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| **Taste**  |
| Over responsive | Under responsive | Seeking |
| * Only eats familiar food
* Prefers bland food
* Dislikes strong food like mint sweets, spicy food
* Gags when new food is on offer
 | * Often doesn’t notice whether food is spicy or bland
 | * Adds salt and spice to their food
* Prefers spicy/ salty food
* Puts objects to their mouth prior to playing with them
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| **Vision**  |
| Over responsive | Under responsive | Seeking |
| * Dislikes bright lights or sunshine (blinks or squints or closes eyes)
* Overwhelmed in highly visually stimulating places (bright, colourful, patterned, busy wall displays)
* Prefers to work in low lighting
* Bothered by fast moving images in films or on TV
* Prefers having curtains closed or shades down when sunny
* Easily distracted visually
* Likes wearing hat/caps/sunglasses
 | * Seems oblivious to details of objects or their surroundings
* Does not notice if others walk into the room they are in
* Needs help to find objects that are obvious to others
* Walks into furniture or people around them
 | * Watches visually stimulating scenes such as spinning objects, lights, aquariums, falling objects
* Chooses objects that are brightly coloured including clothing
* Likes to switch lights on and off
* Enjoys looking at moving objects out of the corner of their eyes
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| **Smell**  |
| Over responsive | Under responsive | Seeking |
| * Dislikes fragrances from perfume, bath and/or cleaning products
* Shows distress at smells that other children do not notice
* Finds cooking smells in restaurant, at home or at school difficult to cope with
* Avoids or asks to leave places with strong smells
 | * Unable to distinguish between different smells
* Not bothered by their own body odour
* Doesn’t notice nasty smells which usually warns of danger
 | * Enjoys smelling people, animals and objects up close
* Enjoys people’s perfumes or colognes
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| **Touch**  |
| Over responsive | Under responsive | Seeking |
| * Dislikes having messy hands
* Dislikes having hair cut or brushed
* Difficulty with finger and toenails cutting
* Dislikes teeth brushing
* Difficulty going to dentist
* Fussy with food texture
* Pulls away from being lightly touched or hugged
* Pulls away from gentle rubbing of skin
* Seems bothered when someone touches their face including light kiss
* Difficulty standing in queues or close to others
* Dislikes certain fabrics
* Prefers short sleeves and shorts
* Irritated by certain clothing including labels, seams, socks, tight collars
* Prefers wearing no shoes/socks
 | * Doesn’t notice if hands or face are messy or dirty
* Doesn’t cry when seriously hurt and isn’t bothered by minor injuries
* Doesn’t react when someone touches him/her
* Has an unusual high tolerance to pain
* Unaware of temperature changes
* May not noticed if bumped or pushed
* Pressing on a pen too hard
 | * Often touches and feeling objects
* Often touches people to the point of irritating them
* Puts things in the mouth: licking, sucking, chewing (hair, pencils, clothing)
* Likes vibration
* Loves messy play
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| **Vestibular**  |
| Over responsive | Under responsive | Seeking |
| * Avoids playing on swings and slides (either now or younger)
* Dislikes rocking chairs
* Fear of heights
* Dislikes having feet off the ground
* Seems afraid of riding in elevators or on escalators
* Dislikes or avoids having head tipped back (when washing hair for example)
* Dislikes being moved by someone else
* Prefers sedentary activities
* Difficulty learning how to ride a bike
* Becomes easily travel sick or dizzy
 | * Bumps into things or falls over objects
* May prefer sedentary activities like computer time to active physical games
* Loses balance unexpectedly when walking on an uneven surface
* Often has poor muscle tone (appears more floppy than others)
* Slow motor responses
* Tires quickly/ has poor endurance
* What about relies on vision a lot when walking (looking at the floor- not liking walking in the dark without support)
 | * Often jumping around and crashing into things
* Likes moving, spinning and rolling
* Takes excessive risks during play (e.g. climbing high into trees, jumping off high furniture)
* Pursues movement to the point it interferes with daily routines
* Rocks in chairs or whilst standing
* Jumps on and/or crashes into bed and sofa excessively
* Loves extreme, fast moving input – swings-slides-rollercoaster
* Rarely gets dizzy
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| **Proprioception**  |
| Over responsive | Under responsive | Seeking |
| * No report in literature
 | * Becomes easily tired especially when standing or holding the body in one position
* Leans on walls or slumps in furniture
* Uses too much force and can often break things as a result
* Walks loudly as if feet were heavy
* Described as having “weak muscles”
 | * Pushing, pulling, hanging off things
* Jumping and crashing
* Chews on items
* Cracks knuckles
* Grinds teeth
* Likes tight fitting clothing
* Prefers crunchy texture for food/snacks
* Large arm movement such as throwing items

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| **Interoception**  |
| Over responsive | Under responsive | Seeking |
| * May be drinking a lot
* Removing clothes when feeling hot
* Going to toilet often
 | * Does not realise they are cold
* Does not realise they are hot
* Does not realise they are hungry
* Does not realise they are thirsty
* Does not realise they need the toilet
 | N/A |