**Sensory Behaviour checklist for school and classroom**

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| **Name:** | **DOB:** |
| **Date completed:** | **Class:** |
| **School:** | **Completed by:** |

**What is Sensory Processing?**

Sensory processing is what makes it possible for a CYP to use the sensory input he/she is receiving from their body and environment in a functional, adaptive manner.  Effective sensory processing is necessary for almost every activity a CYP performs. We must be able to integrate the information we receive from all our senses to understand our surroundings successfully.

A CYP with sensory processing concerns has difficulty using sensory input from his/her eyes (vision), ears (sound), skin (touch), nose (smell), mouth (taste), muscles and body joints (body awareness), and inner ear (balance & position of body in space).

To find out more about the senses please attend understanding sensory processing and supporting sensory processing school/nursery prior to using this resource. <https://www.buckshealthcare.nhs.uk/cyp/>

Sensory processing organises the sensations from one’s own body and the world around us. For some children, their sensory integration does not develop as it should and may affect their sight, hearing, smell, touch, taste or spatial awareness. Children can experience hypersensitivity (excessive and undesirable reactions) or hyposensitivity (under-responsive and difficulty in processing responses) to stimuli. This checklist aims to identify sensory processing issues. It is not a diagnostic tool and professional advice should be sought. Also bear in mind the child’s age, developmental stage and ability. Highlight all that apply

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|  **Proprioception –** Input / feedback informing movement, body position, weight, movement, spatial awareness  |
| **Under responsive – please note you are unable to be over responsive to proprioception.**Unable to keep still, very fidgety, craves movement Often sits in a W position on the floor.Poor fine motor skills Walks on toes or stomps feet Likes jumping / trampolining / bouncing on furniture Difficulty turning handles, opening and closing items.Enjoys bear hugs (on own terms) Rocks, spins, flaps, takes risks Loves rough / tumble play, tackling / wrestling games/roughhousing.Likes tight and small spaces.Has sleeping difficulties.Difficulties manipulating small objects - tying laces Clumsy, everything is done with too much force Enjoys falling off objects Likes being wrapped in blanket / firm touch / massage Grinds teethFrequently cracks knuckles. Exerts too much pressure when handling objects.Excessive banging of toys and objects. Unaware of personal space / body position in space Wears clothes (belts, shoelaces) as tight as possible.Difficulty regulating pressure when writing or drawing, presses too lightly or too hard.Often rips paper when erasing, pushing too hard.May not understand how heavy or how light.May love pushing, pulling or dragging objects. |
| **Vestibular –** Contributes to our balance system (inner ear) and our sense of spatial orientation  |
| **Over responsive**Fear of heights Fear of lifts / escalators walking upstairs / uneven surfaces Avoid feet leaving the ground.Dislikes head being tipped back (washing hair) Dislikes sudden movement / anxious if moved suddenly Fears challenges to balance (being pushed / falling), Dislikes playground equipment, ladders, slides, swings Avoids active games (PE) avoids games requiring balance, hopping, jumping.May have difficulty riding a bike.Travel sickness Dislikes stop and start of car Dislikes change of position, avoids rapid or rotating movements. | **Under responsive**Rocks, spins, hops, runs or bounces rather than walks Cannot keep still, i.e.; shakes leg, moves head, rocks body when seated.Like fast rides Likes roundabout Spins self, possibly for hours and does not get dizzy Enjoys being thrown in air Enjoys rough and tumble Seeks balancing activities Likes climbing Poor balanceLoves to swing as high as possible.Is a thrill seeker and can be dangerous at times? |
| **Visual –** sensitivity to lights, difficulty focusing, distracted by stimuli. |
| **Over responsive**Child covers eyes / withdraws from bright lights Avoids certain / bright colours Gets headaches from lights / reading / watching TV Looks down to the side or out of corner of eyes. Focus on detail Pays attention to small details Poor/or avoids eye contact Prefers dark areas / playing in the dark Avoids looking at TV or computer screen Difficulty matching / sorting objects Seems not to see objects on busy pictures Constantly scans visual information Finds coloured lenses useful when reading | **Under responsive**Has difficulty distinguishing certain letters – p/q. b/d, x/+ Makes reversals in words – saw/was, no/on Loses place when reading or doing maths problems Difficulty in seeing different colours, shapes, sizes Craves bright, colourful and cluttered spaces.Seeks bright lights / flickering lights Likes shiny objects / colourful resources Rubs eyes hard / inappropriate staring Uses peripheral vision / sees double Watches repetitive movements Enjoys flicking lights on and off Like watching sand falling and water Lines up objectsLikes looking at spinning/shiny objects.Flicks fingers/hand/toys in front of eyes. |
| **Tactile –** sensitivity related to touch, pressure. |
| **Over responsive**Pulls away from light touch / avoids holding hands Avoids crowded situations.Dislikes certain textures / removes clothes Avoids messy activities.Resists having teeth brushed / nails or hair cut / brushed Likes labels cut out of clothes Does not like getting hands or body wet Dislikes wearing shoes / socks / hats / gloves Dislikes being dried by a towel / being tickled Low pain thresholdGets fearful, anxious or aggressive with light or unexpected touch.May become frightened when touched by someone/something that they cannot see.May avoid group situations and/or sporting activities.Avoid being out in windy weather, or when raining.May get distressed by dirty hands/face.May avoid wiping after toileting.May refuse to wear socks/shoes.Walks on toes on new flooring/textures. | **Under responsive**High pain threshold Excessively touches objects Seeks messy play.Likes to touch/stroke objects/surfaces/textures Needs to fiddle Likes pressure Has trouble keeping hands to self Cannot feel changes in temperature / wind on their body Plays rough and tumble and aggressive games Unaware of hurting others whilst playing Gets frustrated when buttoning or unzipping clothesNot aware if being touched/bumped into unless done with intensity.Can be heavy handed, too much force used when around children/pets when playing.Craves vibration.Self-harming i.e., may pick skin. |
| **Oral Input –** sensitivity to taste, food preferences, oral stimuli. |
| **Over responsive**Only eats certain foods, picky eater Eats small range of foods, even certain brands Hesitant to try new foods / flavours / textures Drinks through a straw or special bottle Likes bland food / ‘beige’ food Refuses new food, may only eat soft food Sensitive to eating hot or cold foods May gag at some textures of food.Complains about spicy, salty, sweet sour food Does not like brushing teeth/taste of toothpaste.Fears going to the dentist | **Under responsive**Will put non-food objects in mouth past the age of two.May bite.Eats very quickly Likes excessively spicy, sweet, sour or salty food Excessive drooling Chews on hair, shirt, fingers Has difficulty sucking, chewing and swallowing.Acts as if all foods taste the same Demands sauce, condiments and seasoning on food Make seek vibration to the mouth i.e., loves vibrating toothbrushes  |
| **For children with a limited diet please list the food they will eat:**  |
| **Oral Motor –** tactile sensitivity of the mouth. |
| **Over responsive**Dislikes or avoids fizzy drinks Dislikes or avoids chewing food Avoids crunchy food Dislikes having teeth brushed Dislikes fork / spoon | **Under responsive**Likes to chew – may chew edible and inedible objects Likes to teeth grind May bite cheek, tongue or lips May chew pencils or fingers May overfill mouth with food, swallow large chunks |
| **Auditory-Language –** sensitivity to sounds, speaking, difficulty with spoken sounds. |
| **Over responsive**Does not like loud noises but makes own ‘loud’ noises Unable to locate the source of a sound Can hear sounds others are not aware of Puts fingers in ears Puts hands over ears Hides under table Speaks in really quiet voice Gets tired | **Under responsive**Shouts Talks off topic Talks out loud Sings / talks inappropriately Hums / sings / talks to self Unaware of sounds or where they come from Difficulty recalling / repeating / speaking articulately Gets tired |
| **Olfactory –** sensitivity to smells, difficulty identifying odours, associates people / places / object with smell.  |
| **Over responsive**Avoids areas of school / home Bothered by smells that do not bother others Offended by bathroom smells Tells other people how bad, or how funny they smell.Covers nose Refuses certain foods (see taste). | **Under responsive**Seeks certain smells Finds discriminating unpleasant odours Puts unpleasant smelling objects into their mouth Cannot smell scratch’n’sniff stickers Smells objects / people Will excessively use smell to familiarise themselves to when introduced to new foods, people, objects, and places. |
| **Activities of Daily Living – please tell us if you child has any specific difficulties with the occupations below:** |
| Getting washed |  |
| Brushing their teeth |  |
| Getting Dressed |  |
| Eating and Mealtimes |  |
| Sleep |  |
| Being able to learn in the classroom |  |
| Being able to play in the playground |  |
| **Are there any behaviours that cause harm to self or others?**  |
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To book an advice line or to return the questionnaire please use the contact details below

[www.buckshleathcare.nhs.uk/cyp/therapy/occupational-therapy](http://www.buckshleathcare.nhs.uk/cyp/therapy/occupational-therapy)

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