

**Occupational Therapy Sensory Checklist**

**Patient Name: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please mark next to the statements that you observe your child to have significant difficulty. Only mark in the areas that relate to your child’s age. There is a note space under each age category to report additional comments regarding your child’s sensory concerns.**

**Infants and toddlers (birth-3 years old)**
\_\_\_\_ Problems eating or sleeping
\_\_\_\_ Refuses to go to anyone but me
\_\_\_\_ Irritable when being dressed; uncomfortable in clothes
\_\_\_\_ Rarely plays with toys
\_\_\_\_ Resists cuddling, arches away when held
\_\_\_\_ Cannot calm self
\_\_\_\_ Floppy or stiff body, motor delays

Note:

**Pre-schoolers (3-5 years old)**
\_\_\_\_ Over-sensitive to touch, noises, smells, other people
\_\_\_\_ Difficulty making friends
\_\_\_\_ Difficulty dressing, eating, sleeping, and/or toilet training
\_\_\_\_ Clumsy; poor motor skills; weak
\_\_\_\_ In constant motion; in everyone else's face and space
\_\_\_\_ Frequent or long temper tantrums

Note:

**Grade schoolers (5-12 years old)**
\_\_\_ Over-sensitive to touch, noise, smells, other people
\_\_\_ Easily distracted, fidgety, craves movement; aggressive
\_\_\_ Easily overwhelmed
\_\_\_ Difficulty with handwriting or motor activities
\_\_\_ Difficulty making friends
\_\_\_ Unaware of pain and/or other people

Note:

**Adolescents and adults (12 years old and older)**
\_\_\_ Over-sensitive to touch, noise, smells, and other people
\_\_\_ Poor self-esteem; afraid of failing at new tasks
\_\_\_ Lethargic and slow
\_\_\_ Always on the go; impulsive; distractible
\_\_\_ Leaves tasks uncompleted
\_\_\_ Clumsy, slow, poor motor skills or handwriting
\_\_\_ Difficulty staying focused
\_\_\_ Difficulty staying focused at work and in meetings

Note: