

**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: