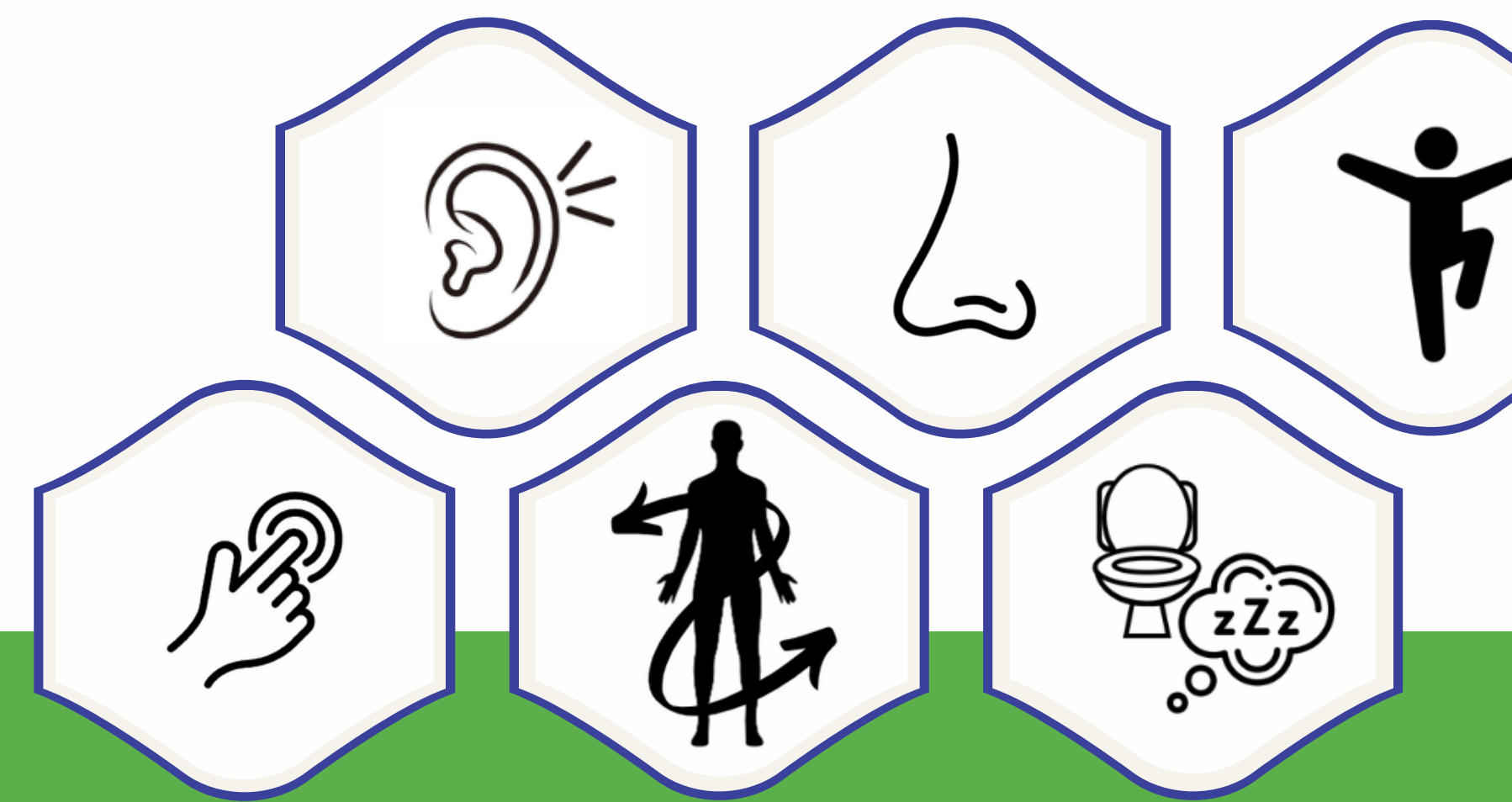




POSITIVE SENSORY PROFILING

Parent/Carer Questionnaire



Child's Name

Date of Birth

Date Completed

Completed By/Relationship to the Child

GENERAL INFORMATION

Food/Diet/Eating

Sleep/Bedtimes

Special Interests/Routines

Out and About/Holidays/Visits

Please indicate those sensory issues that you feel have the greatest impact on your child's abilities to access daily expectations/learn in school

**THANK YOU FOR
TAKING THE TIME TO
COMPLETE THIS
QUESTIONNAIRE.**

**YOUR CONTRIBUTION IS
A VALUABLE PART OF
THE POSITIVE SENSORY
PROFILING PROCESS.**

**PLEASE RETURN
THIS BOOKLET TO
SCHOOL ONCE
COMPLETED.**

EMOTIONAL/SOCIAL

Behaviours

	FREQUENTLY	SOMETIMES	NEVER
Impulsive, appears to act before thinking			
Explosive, prone to distressed behaviours			
Displays 'aggression' towards self / others			
Finds changes in routines difficult to accept			
Finds it difficult to follow verbal instructions /direction			
Gives up easily, low resilience			
Overly serious			
Cries easily, becomes upset / whines – easily becomes overwhelmed			
Low self-esteem / poor self-perception			
Can appear stubborn, inflexible, uncooperative			
Highly sensitive, can't take criticism			
Voice verbal control difficulties			

Specific examples or comments

For each behaviour described in each section, please tick the column that represents the frequency with which this behaviour has occurred during the last month.

This information will be considered alongside that of the school staff (behaviours observed in school) and will help to create a Positive Sensory Profile. The profile will inform the nature of sensory support necessary to promote regulation, focus and attention.

SIGHT

Eye movements and visual processing

	FREQUENTLY	SOMETIMES	NEVER
Is easily distracted by visual stimulation			
Sensitive to lights and sunlight			
Can become focused on 'small details'			
Can struggle to see specific objects on a busy picture			
Avoids/Prefers certain colours. May prefer 'block' colours to patterns			
Finds sustained focus on TV/ computer screen difficult			
Dislikes being in the dark			
Enjoys visually busy tasks/games/action-packed TV shows			
Enjoys shiny and/or spinning objects			
Moves hands / fingers / objects in front of their eyes constantly			
Squints or rubs eyes			

Specific examples or comments

SOUND

Sensitivity to sounds, tone/frequency, volume

FREQUENTLY **SOMETIMES** **NEVER**

Startles easily - overreacts to unexpected/specific noises (please specify below)

Covers ears with loud/unexpected sounds

Prefers TV and music to be loud

Voice volume difficulties

Makes own self-stimulatory sounds

Specific examples or comments

INTEROCEPTION

The body's 'dashboard'

Please highlight all that apply

PAIN

- Unaware when they are hurt unless they can see it
- Under responsive to pain
- Heightened respond to pain/itch

HUNGER AND THIRST

- Don't feel hungry
- Do not seem to feel full
- Satisfied after eating
- Don't feel thirsty

ACTIVITY & TIREDNESS

- Unaware of increased heart rate
- Heightened response to increased heart rate
- Do not seem to recognise when tired
- Heightened response to feeling tired

TEMPERATURE

- Unaware if they are too hot or cold
- Heightened response to being hot and cold

PERSONAL CARE

- Unaware when they are hurt unless they can see it
- Under responsive to pain
- Heightened respond to pain/itch

GENERAL

- Delayed response to feeling unwell
- Alexithymia (emotional and physical wires getting crossed, e.g. they may know they feel cold but do not recognise this as a possible sign of fear/anxiety)

Specific examples or comments

TASTE & SMELL

Gustatory & Olfactory Sensory Systems

FREQUENTLY **SOMETIMES** **NEVER**

Appears to notice smells others don't

Only eats soft food

Eats everything

Limited food preferences, only eats certain foods (may include only eating certain brands, or 'bland' looking foods)

Drinks through a straw or special cup/bottle

Becomes distressed at teeth cleaning

Likes highly flavoured foods / craves intense flavours

Eats very quickly, may pack food into the mouth before chewing/swallowing

Excessive drooling

Prefers crunchy and/or chewy foods

Specific examples or comments

FINE MOTOR SKILLS

	FREQUENTLY	SOMETIMES	NEVER
Grasps objects			
Scribbles spontaneously			
Eats food with fingers			
Eats food with spoon/fork			
Turns pages individually in a book			
Uses finger pointing when looking at books/pictures/objects			
Activities such as stacking blocks, stringing beads, fitting objects into holes			
Can do buttons/zips			
Moves hands/fingers/objects in front of their eyes constantly			

Do you think your child has/uses a dominant hand?

Highlight as appropriate

Right Left Not Seen Both

Specific examples or comments

TOUCH

Tactile Sensory System

	FREQUENTLY	SOMETIMES	NEVER
Seems very sensitive to touch – e.g. dislikes being dried by a towel, being ticked/excessively ticklish etc. (Please specify)			
Has trouble keeping hands to themselves - needs to touch and 'fiddle'			
Avoids messy play/activities			
Seems unaware of being touched / bumped			
Explores objects by putting them in the mouth			
Has difficulty being close to people e.g. standing in a line, Becomes distressed in crowded places			
Frequently adjusts clothing e.g. socks need to be/feel right, dislikes waistbands, long sleeves etc			
Likes labels cut out of clothes			
Resists having teeth brushed, nails or hair cut			
Sensitive to food textures			
Needs to be wrapped up tight to sleep			
Prefers tight fitting clothes			
Enjoys rough and tumble play			
Seeks tight spaces – e.g. hides in cupboards, under tables			
Engages in self-stimulatory / self-injurious behaviour please specify below			

Specific examples or comments

BALANCE

Vestibular Sensory System

FREQUENTLY SOMETIMES NEVER

Difficulty sitting still

Becomes overly excited after a movement activity

Avoids activities which require balance

Fearful/hesitates on steps/stairs

Seeks quantities of movement, including rocking, spinning and jumping etc

Motion sick, nauseated after movement experiences e.g. swing

Holds head upright when leaning or bending over

Poor negotiation over uneven ground

Specific examples or comments

GROSS MOTOR SKILLS

FREQUENTLY SOMETIMES NEVER

'Clumsy', often bumps into things

Doesn't extend arms to break their fall

Appears lethargic / tires easily

Appears 'stiff', with awkward movements. Poor gait when walking (e.g. unsteady on their feet)

Moves with quick bursts of activity rather than sustained effort

Leans on objects or other people (for stability)

Reluctant to participate in physical activities

Seems to find learning new motor tasks difficult e.g. climbing stairs, riding a bike, hesitates on playground equipment

Specific examples or comments

PROPRIOCEPTION

Body Awareness/Muscle & Joint Function

FREQUENTLY SOMETIMES NEVER

Plays roughly with people / objects

Uses too much force and effort

Heavy stamping walk

Seeks opportunities to fall and crash into things /to ground

Bites /chew clothing / objects

Frequently gives / requests firm hugs

Uses too little force and effort, including a weak grasp

Chooses thick or heavy blankets