

My Sensory Difficulties

Name.....

Date.....

	YES/ LIKE	NO/ DISLIKE	Use the blank boxes to add any issues not mentioned in the list.
Auditory System			Listening to music
			Loud noises
			Putting ears to speakers
			Likes being quiet/being in quiet places
			Loud, unexpected noises
			certain sounds or noises
			I cover my ears often
			rooms where sounds echo
			noisy environments such as playgrounds
			low background noises e.g. buzzing lights or electrical equipment
			hums or sings to block out unwanted noises
Visual System			looking at shadows, reflections
			creating/watching visual stims eg spinning or sprinkling items
			bubbles/dripping water
			playing with my saliva/spitting
			turning lights on or off
			lining up objects
			strong sunlight/bright light
			eye contact
			I struggle to scan the environment for an item
			touching specific colours
			going up and down stairs

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Olfactory system (smell)			strong smells/scents
			smearing faeces
			Doesn't notice strong or bad smells
			smells objects or people
			smells food before eating it
			particular smells make them feel sick

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Tactile system			using my hands to explore objects
			mouthng objects
			tickles
			being stroked
			stroking pets or people
			close contact
			deep pressure to calm me down
			laying on hard floors
			squeezing into small spaces
			messy/wet play
			being barefoot
			being naked
			having showers
			having hair washed
			having a bath
			touch or contact
			being too close to others
			having my hand held
			crowds or groups
			certain clothing or textures
			holding utensils, tools or implements
Gustatory system (taste)			strong or spicy tastes
			eats non-edible items
			to lick objects or people to interact
			wide variety of foods
			restricted diet



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			only eat cold food
			only eat soft foods
			only eat dry foods

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Vestibular system (balance)			fast moving activities e.g. swings, roundabouts
			climbing/being up high
			sports and active games
			spinning, jumping, bouncing and/or running
			shaking my head fast/rocking when sitting or standing
			craves movement
			riding a bicycle or scooter
			car/public transport because it makes me feel sick
			balancing activities
			being upside down/tilting my head
			busy environments full of movement
Proprioceptive system (position and movement of body)			rough and tumble play
			frequent jumping
			falling and crashing
			head banging
			walking on tip toes
			constantly chews/grinds teeth
			fidgets
			sedentary activities
			exerts very little pressure when holding objects
			struggle to position my body
			struggle to sit in chair upright
			I lean on things or bump into things



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