



Sensory History

For each question, place a check in the column that best describes your child. (Please compare with other children you know of the same age.)

QUESTIONS	Often	Sometimes	Rarely
Does your child:			
	1-----	-----	-----
	2-----	-----	-----
	3-----	-----	-----
	4-----	-----	-----
	5-----	-----	-----
	6-----	-----	-----
	7-----	-----	-----
	8-----	-----	-----
TACTILE SENSATION	9-----	-----	-----
	10-----	-----	-----
	11-----	-----	-----
	12-----	-----	-----
	13-----	-----	-----
	14-----	-----	-----
	15-----	-----	-----
	16-----	-----	-----
	17-----	-----	-----
	18-----	-----	-----
Does your child:			
	19-----	-----	-----
AUDITORY SENSATION	20-----	-----	-----
	21-----	-----	-----
	22-----	-----	-----
	23-----	-----	-----
Does your child:			
GUSTATORY SENSATION	24-----	-----	-----
	25-----	-----	-----
	26-----	-----	-----
	27-----	-----	-----
Does your child:			
OLFACTORY SENSATION	28-----	-----	-----
	29-----	-----	-----
	30-----	-----	-----
	31-----	-----	-----



Autism Clinic
 SPEECH THERAPY & TRAINING CENTER
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QUESTIONS		Often	Sometimes	Rarely
Does your child:				
VISUAL SENSATION	32. Become easily distracted by visual stimulation?	32-----	-----	-----
	33. Express discomfort at bright lights?	33-----	-----	-----
	34. Avoid or have difficulty with eye contact?	34-----	-----	-----
	35. Have a hard time picking out a single object from many? (i.e. Finding a specific toy in the toy box)	35-----	-----	-----
	36. Have difficulty with a camera flash, seems irritated by it?	36-----	-----	-----
Does your child:				
VESTIBULAR SENSATION	37. Chew or lick non-food items?	37-----	-----	-----
	38. Seem fearful in space (i.e. Going up & down stairs, riding a tricycle?)	38-----	-----	-----
	39. Appear clumsy, often bumping into things &/or falling down?	39-----	-----	-----
	40. Prefer fast-moving, spinning carnival rides?	40-----	-----	-----
	41. Have poor balance?	41-----	-----	-----
	42. Become anxious or distressed when his/her feet leave the ground?	42-----	-----	-----
	43. Avoid climbing or jumping?	43-----	-----	-----
	44. Dislike elevators or escalators?	44-----	-----	-----
	45. Dislike riding in a car?	45-----	-----	-----
	46. Dislike activities where head is upside down or when lifted overhead? (such as with hair washing or somersaults)	46-----	-----	-----
	47. Loved to be tipped upside down or lifted overhead?	47-----	-----	-----
	48. Seek out all kinds of movement activities?	48-----	-----	-----
	49. Jump a lot on beds or other surfaces?	49-----	-----	-----
50. Like to spin him/herself?	50-----	-----	-----	
51. Bang his/her head on purpose?	51-----	-----	-----	
52. Throw him/herself against the floor, wall or other people for enjoyment? (likes to "crash")	52-----	-----	-----	
53. Take unusual risks during play?	53-----	-----	-----	
Does your child:				
COORDINATION	54. Manipulate small objects easily?	54-----	-----	-----
	55. Seem accident prone (i.e. Have frequent scrapes and bruises)?	55-----	-----	-----
	56. Neglect one side of the body or seem unaware of it?	56-----	-----	-----
	57. Use one hand more than the other?	57-----	-----	-----
Does your child:				
FEEDING	58. Need assistance to feed him/herself?	58-----	-----	-----
	59. Tend to eat in a sloppy manner?	59-----	-----	-----
	60. Frequently spill liquids?	60-----	-----	-----
	61. Drool?	61-----	-----	-----
	62. Have trouble chewing?	62-----	-----	-----
	63. Have trouble swallowing?	63-----	-----	-----
	64. Have difficulty eating foods with lumps?	64-----	-----	-----
65. Stuff or put too much food in his/her mouth?	65-----	-----	-----	

*Adapted from Pat Wilbarger, OTR, Special Education Workshop. St. Paul Public Schools, St. Paul, Minnesota, August 1973.
 Sensorimotor Integration for Developmentally Disabled Children: A Handbook Montgomery, P., Richter.