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Gifted Development Center *a service of*
The Institute for the Study of Advanced Development

SHORT SENSORY PROFILE

Child's Name: _____ Birth Date: _____ Date: _____
 Completed by: _____ Relationship to Child: _____

INSTRUCTIONS

Please check the box that **best** describes the frequency with which your child does the following behaviors. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe it does not apply to your child, please draw an X through the number for that item. Please do not write in the Section Raw Score Total row .

Use the following key for your responses:

- ALWAYS** When presented with the opportunity, your child always responds in this manner 100% of the time.
- FREQUENTLY** When presented with the opportunity, your child frequently responds in this manner 75% of the time.
- OCCASIONALLY** When presented with the opportunity, your child your child occasionally responds in this manner about 50% of the time.
- SELDOM** When presented with the opportunity, your child seldom responds in this manner, about 25% of the time.

Item	Tactile Sensitivity	Always	Freq.	Occ.	Seldom	Never
1	Expresses distress during grooming (for example, fights or cries during haircutting, face washing, fingernail cutting)					
2	Prefers long-sleeved clothing when it is warm or short sleeves when it is cold					
3	Avoids going barefoot, especially in sand or grass					
4	Reacts emotionally or aggressively to touch					
5	Withdraws from splashing water					
6	Has difficulty standing in line or close to other people					
7	Rubs or scratches out a spot that has been touched					
Section Raw Score Total						

Item	Taste/Smell Sensitivity	Always	Freq.	Occ.	Seldom	Never
8	Avoids certain tastes or food smells that are typically part of children's diets					
9	Will only eat certain tastes (list: _____)					
10	Limits self to particular food textures/temperatures (list: _____)					
11	Picky eater, especially regarding food textures					
Section Raw Score Total						

Item	Under-responsive/Seeks Sensation	Always	Freq.	Occ.	Seldom	Never
12	Enjoys strange noises/seeks to make noise for noise's sake					
13	Seeks all kinds of movement and this interferes with daily routines (for example, can't sit still, fidgets)					
14	Becomes overly excitable during movement activity					
15	Touches people and objects					
16	Doesn't seem to notice when face or hands are messy					
17	Jumps from one activity to another so that it interferes with play					
18	Leaves clothing twisted on body					
Section Raw Score Total						

Item	Auditory Filtering	Always	Freq.	Occ.	Seldom	Never
19	Is distracted or has trouble functioning if there is a lot of noise					
20	Appears to not hear what you say (for example does not "tune-in" to what you say, appears to ignore you)					
21	Can't work with background noise (for example, fan, refrigerator)					
22	Has trouble completing tasks when the radio is on					
23	Doesn't respond when name is called but you know the child's hearing is OK					
24	Has difficulty paying attention					
Section Raw Score Total						

Item	Visual/Auditory Sensitivity	Always	Freq.	Occ.	Seldom	Never
25	Responds negatively to unexpected or loud noises (for example, cries or hides at noise from vacuum cleaner, dog barking, hair dryer)					
26	Holds hands over ears to protect ears from sound					
27	Is bothered by bright lights after others have adapted to the light					
28	Watches everyone when they move around the room					
29	Covers eyes or squints to protect eyes from light					
Section Raw Score Total						

Item	Low Energy/Weak	Always	Freq.	Occ.	Seldom	Never
30	Seems to have weak muscles					
31	Tires easily, especially when standing or holding particular body position					
32	Has a weak grasp					

33	Can't lift heavy objects (for example, weak in comparison to same age children)					
34	Props to support self (even during activity)					
35	Poor endurance/tires easily					
Section Raw Score Total						

Item	Movement Sensitivity	Always	Freq.	Occ.	Seldom	Never
36	Becomes anxious or distressed when feet leave the ground					
37	Fears falling or heights					
38	Dislikes activities where head is upside down (for example, somersaults, roughhousing)					
Section Raw Score Total						