

Student Sensory Audit: Specialist Setting

Pupil Name:	
Class:	
Audit completed by:	
Date completed:	

To be completed by people who know the child well; it is helpful to speak with parents / carers about issues with self-care (e.g. bathing, dressing etc.) at home.

No.	Item	Yes	No	Don't know	Comments:
Signs of <u>over</u> responding to visual input					
1.	Dislikes bright lights				
2.	Dislikes fluorescent lighting / turns classroom lights off				
3.	Puts hands over eyes or closes eyes in bright light				
4.	Shows distress at the sight of moving objects				
5.	Becomes distracted by nearby visual stimuli (pictures, items on walls, windows, other students)				
6.	Notices very small visual details in surroundings				
7.	Likes to have food presented in a certain way on the plate				
Total number of 'yes' responses in this section:					
Signs of <u>under</u> responding to visual input					

8.	Is attracted to lights or reflections				
9.	Is fascinated by shiny objects and bright colours				
10.	Moves fingers/objects in front of eyes				
11.	Stares very intensely at objects				
12.	Likes to watch things that move or spin				
13.	Becomes distressed in the dark				
Total number of 'yes' responses in this section:					
Ocular Motor Skills / Visual Perception					
14.	Has difficulty controlling eye movements or tracking objects with eyes.				
15.	Has difficulty catching balls				
16.	Has difficulty distinguishing between colour, size, shape etc.				
17.	Has difficulty with matching tasks				
Total number of 'yes' responses in this section:					
Signs of <u>over</u> responding to auditory input (hearing)					
18.	Shows distress at loud sounds (e.g. raised voices, fire alarm, hand dryer, toilet flushing)				
19.	Shows distress at the sounds of singing or musical instruments (e.g. running away, crying or holding hands over ears).				
20.	Covers ears				
21.	Seeks out quiet spaces (or seems calmer when in a quiet space)				

22.	Dislikes or avoids noisy and busy places				
23.	Distracted by sounds others may not notice (computer, projector fan, clock ticking) or intolerant of everyday sounds				
Total number of 'yes' responses in this section :					
Signs of <u>under</u> responding to auditory input					
24.	Does not respond to voices or name being called.				
25.	Difficulties following verbal instructions				
26.	Likes making noises with objects or by vocalising				
27.	Drawn to noisy toys or loud music				
Total number of 'yes' responses in this section :					
Signs of <u>over</u> responding to tactile input					
28.	Shows distress when hands or face are dirty (with glue, paint, food, dirt etc.).				
29.	Shows distress when touching certain textures.				
30.	Is distressed by accidental touch of peers (may lash out or withdraw)				
31.	Finds crowded areas very difficult				
32.	Reacts strongly when hurt				
33.	Prefers to sit away from the group (or in a corner)				
34.	Prefers to be naked (may strip)				
35.	Becomes distressed with personal care activities (pad changing, hand washing)				

36.	Becomes distressed by the feel of clothing, shoes, seams or labels				
Total number of 'yes' responses in this section:					
Signs of <u>under</u> responding to tactile input (touch/textures)					
37.	Has an unusually high pain threshold, doesn't react when hurt				
38.	Does not react when tapped or touched				
39.	Seeks out hot or cold temperatures (e.g. touching windows or radiators)				
40.	Seeks out deep pressure hugs				
41.	Enjoys feeling certain materials				
42.	Loves messy play, may use other substances for this when opportunity presents				
43.	Likes to hold something in their hand				
44.	Runs hand along wall when walking				
Total number of 'yes' responses in this section:					
Signs <u>over</u> responding to vestibular (movement) input					
45.	Prefers to have feet firmly on the ground (e.g. avoids climbing equipment, deep end of swimming pool)				
46.	Prefers to sit on the floor or stay low to the ground				
47.	Becomes anxious if walking on an uneven or unstable surface				
48.	Avoids movement				

49.	Becomes upset with movement sensation on transport or the minibus				
50.	Fearful of equipment in the playground (e.g. swings, climbing frame, trampoline)				
51.	Difficulties climbing stairs				
Total number of 'yes' responses in this section:					
Signs of <u>under</u> responding to vestibular (movement) input					
52.	Spins and whirls body regularly				
53.	Seeks out large amounts of movement, (e.g. bouncing, spinning, running, jumping)				
54.	Needs to lean on staff or against the wall, table etc. when sitting or standing				
55.	Has poor gross motor skills				
56.	Has poor balance				
57.	Fidgets and changes position frequently when seated				
58.	Appears in constant motion				
59.	Resistant to sitting down				
60.	Unable to ride a bike				
61.	Finds it hard to use two hands together for tasks.				
Total number of 'yes' responses in this section:					
Signs of differences processing proprioception (joints and muscles)					
62.	Falls out of chair when seated at table				

63.	Runs, hops, skips or bounces instead of walking				
64.	Driven to seek out activities such as pushing, pulling, lifting and jumping.				
65.	Grasp objects so tightly that it is difficult to use (e.g. pencil)				
66.	Grasp objects so loosely that it is difficult to use (e.g. pencil)				
67.	Walks on toes, heavy footed or stamps				
68.	Seeks pressure by crawling under heavy objects or into tight spaces				
69.	Hugs very tightly				
70.	Bites down hard on objects				
71.	Bumps into objects and people when navigating school environment				
72.	Has reduced body awareness				
Total number of 'yes' responses in this section:					
Signs of differences processing taste and smell					
73.	Smells and licks objects and people				
74.	Shows distress at smells that other children do not notice				
75.	Limited or unusual diet				
76.	Prefers very strong tastes				
77.	Eats materials which are not edible				
Total number of 'yes' responses in this section:					

Signs of differences processing internal sensation					
78.	Does not seem to register when full after eating (e.g. always hungry)				
79.	Does not appear to feel hungry or thirsty				
80.	Does not seem to register when needs to pass urine or open bowels				
81.	Does not appear to notice when unwell				
Total number of 'yes' responses in this section:					
Planning and Ideas					
82.	Difficulties sequencing tasks (e.g. getting dressed in the right order)				
83.	Difficulties completing tasks with multiple steps				
84.	Will repeat same play activity over and over again without adult prompting or modelling				
Total number of 'yes' responses in this section:					

Scoring:

Add the number of 'yes' responses in each sensory section to the score box below:

	Over	Under
Visual	/7	/6
Auditory	/6	/4
Tactile	/9	/7
Vestibular	/7	/10

	Differences in processing
Ocular motor / visual perception	/4
Proprioception	/11
Taste and smell	/5
Internal sensation	/4
Planning and Idea	/3

Now, use this information to complete the Sensory Passport Planning Tool.

Sensory preferences:

What does the child enjoy? What do they find calming? What do they find stimulating?

Sensory dislikes:

What can't the child tolerate? What triggers undesired behaviours?

Please use the planning tool to help you develop a sensory passport. Please also use sensory based strategies from the 'Managing Sensory Needs in the Classroom Training'.