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**Specialist Provision**

**Complex Communication**

**& Interaction**

**Individual Pupil Sensory Audit\***

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| Pupil Name: |  |
| Setting: |  |
| People (and relationship to pupil) involved in completing audit: |  |
| Date |  |

*To be completed in discussion with parents/carers, the pupil and staff who know the child well. Tick the statements that apply and consider what actions may be required. Think about what the child likes/seeks out or dislikes/avoids.*

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| **No.** | **Item** | **Yes** | **No** | | | **Don’t know** | | **Notes/Actions** |
| **Signs of over responding to visual input** | | | | | | | | |
|  | Dislikes bright lights |  | |  |  | |  | |
|  | Dislikes fluorescent lights |  | |  |  | |  | |
|  | Is frightened by flashes of light |  | |  |  | |  | |
|  | Puts hands over eyes or closes eyes in bright light |  | |  |  | |  | |
|  | Shows distress at the sight of moving objects |  | |  |  | |  | |
|  | Becomes distracted by nearby visual stimuli (pictures, items on walls, windows, other children) |  | |  |  | |  | |
|  | Likes to have food presented in a certain way on the plate |  | |  |  | |  | |
| **Signs of under responding to visual input** | | | | | | | | |
|  | Is attracted to lights or reflections |  | |  |  | |  | |
|  | Is fascinated by shiny objects and bright colours |  | |  |  | |  | |
|  | Moves fingers/objects in front of eyes |  | |  |  | |  | |
|  | Looks intensely at objects |  | |  |  | |  | |
| **Ocular Motor Skills / Visual Perception** | | | | | | | | |
|  | Has difficulty controlling eye movements or tracking objects with eyes. |  | |  |  | |  | |
|  | Has difficulty copying from the board |  | |  |  | |  | |
|  | Has difficulty catching balls |  | |  |  | |  | |
|  | Has difficulty distinguishing between colour, size, shape etc. |  | |  |  | |  | |
| **Signs of over responding to auditory input (hearing)** | | | | | | | | |
|  | Shows distress at loud sounds (slamming door, fire alarm, hair dryer, toilet flushing) by running away, crying or holding hands over ears. |  | |  |  | |  | |
|  | Shows distress at the sounds of singing or musical instruments by running away, crying or holding hands over ears. |  | |  |  | |  | |
|  | Covers ears |  | |  |  | |  | |
|  | Seeks out quiet spaces |  | |  |  | |  | |
|  | Dislikes or avoids noisy and busy places |  | |  |  | |  | |
|  | Distracted by sounds others may not notice (computer, fridge, traffic) or intolerant of everyday sounds |  | |  |  | |  | |
| **Signs of under responding to auditory input** | | | | | | | | |
|  | Does not respond to voices or name being called. |  | |  |  | |  | |
|  | Difficulties following verbal instructions |  | |  |  | |  | |
|  | Likes making noises in the kitchen / bathroom / dining hall (these tend to echo so noises are amplified) |  | |  |  | |  | |
| **Signs of over responding to tactile input** | | | | | | | | |
|  | Shows distress when hands or face are dirty (with glue, paint, food, dirt etc.). |  | |  |  | |  | |
|  | Shows distress when touching certain textures. |  | |  |  | |  | |
|  | Is distressed by accidental touch of peers (may lash out or withdraw) |  | |  |  | |  | |
|  | Finds crowded areas very difficult |  | |  |  | |  | |
|  | Reacts strongly when hurt |  | |  |  | |  | |
|  | Prefers to sit at back or front of group or in a corner |  | |  |  | |  | |
|  | Prefers to be naked and will strip |  | |  |  | |  | |
|  | Becomes distressed with personal care activities (hair washing, teeth cleaning, nail cutting) |  | |  |  | |  | |
|  | Becomes distressed by the feel of new clothing or restrictive clothing, seams and labels |  | |  |  | |  | |
| **Signs of under responding to tactile input (touch/textures)** | | | | | | | | |
|  | Has an unusually high pain threshold, doesn’t react when hurt |  | |  |  | |  | |
|  | Seems to lack awareness of being touched. |  | |  |  | |  | |
|  | Seeks out hot or cold temperatures (e.g. touching windows or radiators) |  | |  |  | |  | |
|  | Enjoys feeling certain materials |  | |  |  | |  | |
|  | Difficulties with fine motor skills |  | |  |  | |  | |
| **Signs over responding to vestibular (movement) input** | | | | | | | | |
|  | Has a fear of heights, lifts, escalators |  | |  |  | |  | |
|  | Prefers to sit on the floor |  | |  |  | |  | |
|  | Becomes anxious if walking on an uneven or unstable surface |  | |  |  | |  | |
|  | Avoids movement |  | |  |  | |  | |
|  | Keeps head upright or shows distress when head is tilted away from upright |  | |  |  | |  | |
|  | Fearful of playground equipment (e.g. swings, slides, trampoline) |  | |  |  | |  | |
|  | Difficulties climbing stairs |  | |  |  | |  | |
| **Signs of under responding to vestibular (movement) input** | | | | | | | | |
|  | Spins and whirls body or objects more than peers |  | |  |  | |  | |
|  | Runs hand along wall when walking |  | |  |  | |  | |
|  | Seeks out large amounts of movement, (e.g. bouncing, spinning, running) |  | |  |  | |  | |
|  | Leans on walls, furniture, or other people for support when standing |  | |  |  | |  | |
|  | Slumps and leans on desk |  | |  |  | |  | |
|  | Has poor gross motor skills |  | |  |  | |  | |
|  | Has poor balance |  | |  |  | |  | |
|  | Fidgets when seated at desk or table |  | |  |  | |  | |
|  | Appears in constant motion |  | |  |  | |  | |
|  | Difficulties remaining seated |  | |  |  | |  | |
|  | Finds it hard to ride a bike |  | |  |  | |  | |
|  | Finds it hard to use two hands together for tasks. |  | |  |  | |  | |
| **Signs of differences processing proprioception (joints and muscles)** | | | | | | | | |
|  | Falls out of chair when seated at desk or table |  | |  |  | |  | |
|  | Runs, hops, skips or bounces instead of walking |  | |  |  | |  | |
|  | Driven to seek out activities such as pushing, pulling, lifting and jumping. |  | |  |  | |  | |
|  | Grasp objects so tightly that it is difficult to use (e.g. pencil) |  | |  |  | |  | |
|  | Grasp objects so loosely that it is difficult to use (e.g. pencil) |  | |  |  | |  | |
|  | Walks on toes, heavy footed or stamps |  | |  |  | |  | |
|  | Seeks pressure by crawling under heavy objects |  | |  |  | |  | |
|  | Hugs very tightly |  | |  |  | |  | |
|  | Chews objects |  | |  |  | |  | |
|  | Clumsy and bumps into objects and people |  | |  |  | |  | |
|  | Does not seem to know where body is in space |  | |  |  | |  | |
| **Signs of differences processing taste and smell** | | | | | | | | |
|  | Smells and licks objects and people |  | |  |  | |  | |
|  | Shows distress at smells that other children do not notice |  | |  |  | |  | |
|  | Limited or unusual diet |  | |  |  | |  | |
|  | Eats materials which are not edible |  | |  |  | |  | |
| **Signs of differences processing internal sensation** | | | | | | | | |
|  | Does not seem to register when full |  | |  |  | |  | |
|  | Does not seem to register when needs to pass urine or open bowels |  | |  |  | |  | |
| **Planning and Idea** | | | | | | | | |
|  | Difficulties sequencing tasks (e.g. dressing) |  | |  |  | |  | |
|  | Difficulties completing tasks with multiple steps |  | |  |  | |  | |
|  | Difficulties coming up with ideas for play and activities. |  | |  |  | |  | |

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|  | **Over (hyper)** | **Under (hypo)** |  |  | **Differences in processing** |
| Visual |  |  |  | Ocular motor / visual perception |  |
| Auditory |  |  |  | Proprioception |  |
| Tactile |  |  |  | Taste and smell |  |
| Vestibular |  |  |  | Internal sensation |  |
|  |  |  |  | Planning and Idea |  |

**Sensory preferences:**

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

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**Sensory dislikes:**

*What can’t the child tolerate? What triggers undesired behaviours?*

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