**SHORT SENSORY PROFILE**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:.\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0

 **INSTRUCTIONS**

Please tick the box that **best** describes the frequency with which your child does the following behaviour. Please answer all questions. If you are unable to comment, because you have not observed the behaviour or believe it does not apply to your child, please put an X in the “Item” column. Please DO NOT write in the “Section Raw Score Total” row.

**Use the following key to mark your responses:**

When presented with the opportunity, your child always responds in this manner, about100% of the time.

ALWAYS

When presented with the opportunity, your child frequently responds in this manner, about 75% of the time.

FREQUENTLY

 When presented with the opportunity, your child

OCCASIONALLY

occasionally responds in this manner, about 50% of the time.

 When presented with the opportunity, your child seldom responds in this manner, about 25% of the time.

SELDOM

 When presented with the opportunity, your child

NEVER

 never responds in this manner, 0% of the time

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM | Tactile Sensitivity | ALWAYS | FREQUENTLTY | OCASSIONALLY | 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 | FREQUENTLTY | OCASSIONALLY | 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 texture |  |  |  |  |  |
| **Section Raw Score Total** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM | Movement Sensitivity | ALWAYS | FREQUENTLTY | OCASSIONALLY | SELDOM | NEVER |
| 12 | Becomes anxious or distressed when feet leave the ground |  |  |  |  |  |
| 13 | Fears falling or heights |  |  |  |  |  |
| 14 | Dislikes activities where head is upside down (for example somersaults, roughhousing) |  |  |  |  |  |
| **Section Raw Score Total** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM | Under-responsive/Seeks Sensation | ALWAYS | FREQUENTLTY | OCASSIONALLY | SELDOM | NEVER |
| 15 | Enjoys strange noises/seeks to make noise for noise’s sake |  |  |  |  |  |
| 16 | Seeks all kinds of movement and this interferes with daily routines (for example can’t sit still, fidgets) |  |  |  |  |  |
| 17 | Becomes overly excitable during movement activity |  |  |  |  |  |
| 18 | Touches people and objects |  |  |  |  |  |
| 19 | Doesn’t seem to notice when face or hands are messy |  |  |  |  |  |
| 20 | Jumps from one activity to another so that it interferes with play |  |  |  |  |  |
| 21 | Leaves clothing twisted on body |  |  |  |  |  |
| **Section Raw Score Total** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM | Auditory Filtering | ALWAYS | FREQUENTLTY | OCASSIONALLY | SELDOM | NEVER |
| 22 | Is distracted or has trouble functioning if there is a lot of noise around |  |  |  |  |  |
| 23 | Appears not to hear what you say (for example does not “tune-in” to what you say, appears to ignore you) |  |  |  |  |  |
| 24 | Can’t work with background noise (for example fan, fridge) |  |  |  |  |  |
| 25 | Has trouble completing tasks when the radio is on |  |  |  |  |  |
| 26 | Doesn’t respond when name is called but you know the child’s hearing is OK |  |  |  |  |  |
| 27 | Has difficulty paying attention |  |  |  |  |  |
| **Section Raw Score Total** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM | Low Energy/Weak | ALWAYS | FREQUENTLTY | OCASSIONALLY | SELDOM | NEVER |
| 28 | Seems to have weak muscles |  |  |  |  |  |
| 29 | Tires easily, especially when standing or holding particular body position |  |  |  |  |  |
| 30 | Has a weak grasp |  |  |  |  |  |
| 31 | Can’t lift heavy objects (for example weak in comparison to same age children) |  |  |  |  |  |
| 32 | Props to support self (even during activity) |  |  |  |  |  |
| 33 | Poor endurance/tires easily |  |  |  |  |  |
| **Section Raw Score Total** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM | Visual/Auditory Sensitivity | ALWAYS | FREQUENTLTY | OCASSIONALLY | SELDOM | NEVER |
| 34 | Responds negatively to unexpected or loud noises (for example cries or hides at noise from vacuum cleaner, dog barking, hairdryer) |  |  |  |  |  |
| 35 | Holds hands over ears to protect ears from sound |  |  |  |  |  |
| 36 | Is bothered by bright lights after others have adapted to the light |  |  |  |  |  |
| 37 | Watches everyone when they move around the room |  |  |  |  |  |
| 38 | Covers eyes or squints to protect eyes from light |  |  |  |  |  |
| **Section Raw Score Total** |  |

FOR OFFICE USE ONLY

Summary

**Instructions:** Transfer the score for each section to the “Section Raw Score Total” column.

 Plot these totals by marking an X in the appropriate classification column

 (Typical Performance, Probable Difference, Definite Difference.

Score Key

1 = Always 4 = Seldom

2 = Frequently 5 = Never

3 = Occasionally

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section | Section Raw Score Total | Typical Performance | Probable Difference | Definite Difference |
| Tactile Sensitivity | /35 | 35--------30 | 29------27 | 26------7 |
| Taste/Smell Sensitivity | /20 | 20--------15 | 14------12 | 11------4 |
| Movement Sensitivity | /15 | 15--------13 | 12------11 | 10------3 |
| Under-responsive/Seeks Sensation | /35 | 35--------27 | 26------24 | 23------7 |
| Auditory Filtering | /30 | 30-------23 | 22------20 | 19------6 |
| Low Energy/Weak | /30 | 30-------26 | 25------24 | 23------6 |
| Visual/Auditory Sensitivity | /25 | 25-------19 | 18------16 | 15------5 |
| **Total** | /190 | 190------155 | 154-----142 | 141-----38 |