



Sensory Processing Disorder Checklist: Birth – 12 months

The purpose of our sensory checklist is to help us capture a complete picture of how your child functions and what their sensory needs are. Please complete the sensory checklist as a worksheet and feel free to write any information you see necessary.

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| <ul style="list-style-type: none"><input type="checkbox"/> Resists being held or cuddled<input type="checkbox"/> Cries and/or arches back when someone tries to hold him/her<input type="checkbox"/> Distressed by diaper changes<input type="checkbox"/> Distressed by baths and/or water splashing him/her<input type="checkbox"/> Doesn't fall into a predictable sleep/wake pattern or cycle<input type="checkbox"/> Cries excessively throughout the day (more than half an hour at a time)<input type="checkbox"/> Doesn't smile often, appears "sad" or "uncomfortable" much of the time<input type="checkbox"/> Has distinct preferences for adults of certain energy levels<input type="checkbox"/> Has distinct preferences for certain adult voices (i.e., intonation, loudness, high pitched, low pitched, etc.) | <ul style="list-style-type: none"><input type="checkbox"/> Avoids eye contact or has difficulty focusing on objects or following them with eyes<input type="checkbox"/> Distressed when moved suddenly or whole body or head is tipped<input type="checkbox"/> Distressed by rocking motions<input type="checkbox"/> Distressed when moving in space (i.e., swinging around, bouncing up and down, being "thrown" up in the air, etc.)<input type="checkbox"/> Doesn't seem to respond to name or familiar voices<input type="checkbox"/> Can't seem to calm down no matter what you try (or, there is only ONE thing that works, i.e., a car ride)<input type="checkbox"/> Difficulty breastfeeding<input type="checkbox"/> Difficulty with sucking, chewing, or swallowing<input type="checkbox"/> Doesn't seem to sense when diaper is wet or soiled | <ul style="list-style-type: none"><input type="checkbox"/> Cries inconsolably until a wet or soiled diaper is changed<input type="checkbox"/> Severe separation anxiety<input type="checkbox"/> Distressed by sunlight or bright lights<input type="checkbox"/> Distressed in public places, especially if crowded or noisy<input type="checkbox"/> Doesn't enjoy regular interactive movement games (i.e., peek-a-boo, pat-a-cake, etc.)<input type="checkbox"/> Doesn't notice new/novel toys and/or resists playing with them.<input type="checkbox"/> Only uses one hand to manipulate and explore toys and/or can't switch items from hand to hand<input type="checkbox"/> Unable to bang toys together or clap hands (at appropriate age)<input type="checkbox"/> Distressed by dirty hands or face<input type="checkbox"/> Cries inconsolably when left with strangers or less than familiar people |
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- Major difficulties transitioning to solid foods and/or rice cereal after breast or bottle fed
- Difficulties with excessive reflux or allergies to foods and/or formula
- Doesn't seem to notice sounds that others do
- Frequent ear infections
- Sensitive to sounds others don't seem to be bothered by
- Difficult to engage; is an observer and resists interacting with adults or peers
- Distressed by baby swings, jumpers, wagons/stroller rides, car rides, etc.
- Avoids putting toys in mouth
- Gags or vomits when objects are placed in mouth
- Beyond teething stage, always has something in mouth, or chews on clothes, hands, fingers, etc.
- Avoids categories of toys (i.e., vibrating toys, plush toys, textured toys, slippery/slimy toys, brightly colored objects, etc.)
- Appears overwhelmed and cried or falls asleep when overstimulated

- Refuses or is distressed by certain positions (i.e., being on tummy, on back, sitting, etc.)
- Stays in one position and becomes uncomfortable when moving to another
- If moving on own, has significant difficulty transitioning positions
- Difficulty staying asleep for more than 30 minutes at a time
- Wakes up frequently during the night and is unable to self soothe
- Has significant difficulty waking up
- Need a particular sound to stay asleep (i.e., a fan, nature sounds, white noise, music, etc.)
- Will not sleep if there is any noise
- Wakes with the sun
- Needs excessive help falling back to sleep (i.e., rocking, bouncing, singing, patting, etc. for long periods of time)
- Uncomfortable if not swaddled tightly (or, needs heavy blankets, right pajamas, or other weight/pressure to fall asleep)
- Does not recover from upset within a reasonable amount of time

- Doesn't reach for or hold toys (especially textured toys) at appropriate age
- Closes hand if toy is approaching, or drops toy immediately when placed in hand
- When walking, walks on tiptoes only
- Will not put bare feet on ground
- Distressed by textured material underfoot (i.e., a textured rug, furry blanket, etc.)
- Appears distressed by movement (i.e., startles, arched back, looks frightened, etc.)
- Craves movement; distressed if not rocking, swinging, bouncing, etc.
- Rocks self constantly