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Checklist #1 (check each description that applies to your child)

These garments bother my child

1 ☐ seams in clothing
2 ☐ tags in clothing
3 ☐ socks
4 ☐ changing from long to short pants
5 ☐ accessories (e.g., watch, jewelry, scarf, hats)
6 ☐ elastic on clothing
7 ☐ fuzzy or furry textured clothes (e.g., sweaters, collars, etc.)
8 ☐ wool clothes

These aspects of self care bother my child

9 ☐ washing or wiping face
10 ☐ cutting toenails or fingernails
11 ☐ having hair cut or hair clipped
12 ☐ hair washing or drying
13 ☐ hair brushing or combing
14 ☐ getting dressed
15 ☐ brushing teeth
16 ☐ getting dirty
17 ☐ having crumbs around my mouth
18 ☐ having messy hands
19 ☐ having a messy mouth

These tactile sensations bother my child

20 ☐ mud
21 ☐ finger paint
22 ☐ glue
23 ☐ play dough
24 ☐ foods
25 ☐ hair care products (greasy/sticky)
26 ☐ kissing
27 ☐ coarse carpet
28 ☐ light touch

These visual sensations bother my child

29 ☐ brightly colored or patterned materials (e.g., clothes, upholstery, drapes, wallpaper)
30 ☐ fluorescent lights
31 ☐ fast moving images in the movies or TV
32 ☐ visually cluttered environments
33 ☐ busy pictures in books or complex and busy images in artwork

☐ **These smells bother my child**

34 ☐ perfume/cologne
35 ☐ cleaners/disinfectants
36 ☐ bath products
37 ☐ soaps
38 ☐ air fresheners

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These aspects of food and eating bother my child

39 ☐ salty foods (e.g., nuts or chips)
40 ☐ soft foods
41 ☐ lumpy foods
42 ☐ slimy foods
43 ☐ soup with vegetables or meat pieces
44 ☐ spicy foods (e.g., spicy dip, hot sauce)
45 ☐ eating bread crust
46 ☐ food preparation/cooking
47 ☐ new/unfamiliar foods

These sounds bother my child

48 ☐ sound of utensils against each other (e.g., spoon in bowl, knife on plate)
49 ☐ clothing that makes noise (e.g., swishing cloth, accessories)
50 ☐ door bell ringing
51 ☐ dog barking
52 ☐ sirens
53 ☐ alarms
54 ☐ radio or tv in the background
55 ☐ fluorescent lights
56 ☐ someone talking when he/she is trying to concentrate
57 ☐ clock ticking
58 ☐ construction or landscaping equipment
59 ☐ water running or dripping in the background

Sounds in these places bother my child

60 ☐ toilet flushing in the bathroom
61 ☐ appliances/small motor noises (e.g., blender, vacuum, hair dryer, electric shaver) at home
62 ☐ concerts
63 ☐ large gatherings
64 ☐ restaurants
65 ☐ parades
66 ☐ malls
67 ☐ gymnasiums

These aspects related to movement bother my child

68 ☐ climbing activities
69 ☐ walking or climbing up open stairs
70 ☐ experiencing heights
71 ☐ walking or standing on moving surfaces
72 ☐ playing in the playground jungle gym
73 ☐ playing in the playground swings and slides
74 ☐ going on amusement park rides
75 ☐ going up or down escalators
76 ☐ chewing foods

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Checklist #2 (check each description that applies to your child)

Typically my child has a less intense response than others to:

1 ☐ the doctor giving him/her a shot
2 ☐ bruises or cuts
3 ☐ hurting self
4 ☐ being touched on the arm or back (ex. unaware)
5 ☐ wet or dirty diapers
6 ☐ dirt on himself/herself
7 ☐ objects that are too hot or too cold to touch
8 ☐ bumping into things or falling over objects

Typically my child does not notice:

9 ☐ food or liquid left on lips
10 ☐ hands or face that are messy/dirty
11 ☐ drooling or food that has fallen out of mouth
12 ☐ the need to use the toilet
13 ☐ feelings of hunger (does not seek food when hungry)
14 ☐ over-filling mouth when eating
15 ☐ feelings of being “full” (must intervene to stop over eating)
16 ☐ strong or noxious odors

Typically my child does not notice:

17 ☐ activity within a busy environment
18 ☐ an object coming toward eyes quickly
19 ☐ someone entering or leaving the room
20 ☐ materials or people in the room needed to complete an activity

Typically my child does not respond:

21 ☐ when name is called or has to be touched to gain attention (hearing is ok)
22 ☐ when a new sound is introduced
23 ☐ to unexpected loud sounds (e.g. fire drills, hall bells or other loud noises)
24 ☐ when given directions or instructions only once
25 ☐ to a normal volume speaking voice (e.g., others speak loudly to gain his/her attention)

My child:

26 ☐ performs movements in a slow and plodding fashion
27 ☐ gives little indication of like or dislike from movement
28 ☐ appears to be in his/her own world (tuned out)
29 ☐ does not visually scan the environment (look around)
30 ☐ leaves clothing twisted on body

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Checklist #3 (check each description that applies to your child)

My child has a constant desire for:

1 ☐ swinging
2 ☐ being upside down
3 ☐ jumping and crashing (e.g., beds or other surfaces)
4 ☐ bumping, pushing or hitting other children
5 ☐ fidgeting, wiggling and restlessness which interferes with daily routines (ex. can't sit still, fidgets)
6 ☐ twirling/spinning throughout the day (ex. likes dizzy feeling or does not get dizzy)
7 ☐ movement in chair during class and/or at a meal
8 ☐ deliberately falling when running or playing
9 ☐ movement without regard to safety (ex. climbs high into a tree, jumps off tall furniture)
10 ☐ bumping or pushing body against objects/walls
11 ☐ flapping or clapping hands, biting self or other repetitive actions
12 ☐ changing from one activity to another so that it interferes with completion of activities
13 ☐ pushing, pulling and hanging off things (e.g. refrigerator doors, cabinets, parents hands)

My child has a constant desire for:

14 ☐ looking at spinning objects (ex. ceiling fans, toys with wheels, floor fans)
15 ☐ watching fast changing TV or movie segments
16 ☐ watching flickering or blinking lights
17 ☐ watching visually stimulating scenarios (ex. aquarium)
18 ☐ staring at people or objects

My child has a constant desire for:

19 ☐ touching people to the point of irritation others (gets in others' personal space)
20 ☐ being overly affectionate with others
21 ☐ feeling vibrations (e.g., stereo speakers, washer, dryer)
22 ☐ touching/feeling objects
23 ☐ being held
24 ☐ banging head, biting hands, pinching, scratching or pulling hair
25 ☐ splashing excessively during bath time

My child has a constant desire for:

26 ☐ licking, sucking, or chewing on non-food items (e.g., hair, pencils clothing)
27 ☐ eating crunchy, chewy or hard foods to the exclusion of other textures
28 ☐ putting things in mouth
29 ☐ excessive affection

My child has a constant desire to:

30 ☐ eat foods with strong flavors/tastes (ex. bitter, sour, spicy)
31 ☐ smell people/pets
32 ☐ deliberately smell or taste objects or toys during play or other activities

My child has a constant desire to:

33 ☐ talk and has difficulty taking turns
34 ☐ speak in a loud voice
35 ☐ make a lot of noises during play activity
36 ☐ increase the volume on the TV, CD or radio
37 ☐ make strange sounds

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Checklist #4 (check each description that applies to your child)

My child does not:

1 ☐ have a preferred hand (after age four) for writing, cutting, etc.
2 ☐ does not hold paper with other hand while cutting or writing
3 ☐ reach across his/her body to grab a toy

My child does not have adequate strength so he/she:

4 ☐ has difficulty turning knobs or handles that require some pressure
5 ☐ has a loose grasp on objects i.e. pencil, scissors, or things that he is carrying
6 ☐ has a rather tight, tense grasp on objects but cannot sustain
7 ☐ can't lift heavy objects
8 ☐ seems weaker than other children his/her age
9 ☐ holds a pencil differently from most people

My child has difficulty in these activities:

10 ☐ balancing when a bus, car or subway stops quickly
11 ☐ balancing during motor activities (ex. biking, karate, gymnastics, etc.)
12 ☐ keeping good desk posture (slumps, leans on arm, head too close to work, props head on hand)
13 ☐ turning head alone (turns whole body to look at you)
14 ☐ standing or holding particular body position (tires easily)
15 ☐ catching self when falling

My child:

16 ☐ feels stiff and awkward when held
17 ☐ keeps mouth open most of the time
18 ☐ tires easily
19 ☐ sits partly on and off the chair
20 ☐ feels 'loose' or 'floppy' when you lift him/her up or move the child's limbs to help him get dressed
21 ☐ uses one hand or the other but avoids play with the hands together
22 ☐ avoids or needs encouragement for any heavy work (ex. pushing, pulling, lifting)

My child has difficulty coordinating 2 sides of body to:

23 ☐ play rhythmic clapping games
24 ☐ pump self on swing
25 ☐ jump with both feet together
26 ☐ ride a bicycle, tricycle or big wheel

My child has difficulty with the following visual activities:

27 ☐ keeping track of place on page (ex. reading)
28 ☐ following a moving object with eyes, copying from blackboard to paper

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Checklist #5 (check each description that applies to your child)

My child has difficulty in these language activities:

1 ☐ is hard to understand when s/he speaks (speech/articulation problems)
2 ☐ unable to follow two or three step directions

My child has difficulty with these motor activities:

3 ☐ tasks that have several steps
4 ☐ learning exercise steps or routines
5 ☐ learning new motor tasks
6 ☐ following the steps of a recipe
7 ☐ maintaining or copying rhythms
8 ☐ balancing during motor activities (ex. biking, karate, gymnastics, etc.)
9 ☐ hopping, jumping, skipping, or running compared to others his/her age
10 ☐ climbing/jumping or walking on bumpy/uneven ground
11 ☐ sports or games
12 ☐ climbing on and over objects
13 ☐ riding a bike, tricycle or big wheel (pedaling or pushing with feet)
14 ☐ climbing or playing on playground equipment
15 ☐ catching a ball

My child:

16 ☐ is clumsy or seems not to know how to move body, bumps into things
17 ☐ prefers sedentary (quiet) activities to movement activities
18 ☐ approaches new motor activities in an overly cautious manner
19 ☐ gets lost easily (even in familiar places)
20 ☐ is accident prone
21 ☐ talks self through tasks
22 ☐ uses inefficient ways of doing things (ex. wastes time, moves slowly, does things in the hardest way)
23 ☐ tends to break toys/objects and other things when has problems using them
24 ☐ has difficulty formulating goals (ideas) for action

My child has difficulty with these fine motor activities:

25 ☐ playing with small manipulative toys (ex. duplos, beads, blocks)
26 ☐ blowing (ex. soap bubbles or whistle)
27 ☐ wrapping a present
28 ☐ snapping fingers
29 ☐ operating a manual can opener
30 ☐ putting a belt through all belt loops
31 ☐ grasping a pencil or crayon
32 ☐ applying paste to toothbrush

My child has difficulty with these school activities:

33 ☐ drawing, coloring, or copying
34 ☐ cutting and pasting
35 ☐ staying between the lines when coloring or when writing
36 ☐ poor handwriting

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My child has difficulty with these daily living tasks:

37 ☐ licking an ice cream cone
38 ☐ using a spoon or cup
39 ☐ handling eating utensils
40 ☐ clothing off or on
41 ☐ placing arm or leg correctly in clothing
42 ☐ tying shoes
43 ☐ fasteners (ex. buttons, zipper, snaps, buckles)
44 ☐ putting on pierced earrings and/or a necklace
45 ☐ putting on a watch

My child:

46 ☐ eats in a messy sloppy manner
47 ☐ eats or dresses slowly
48 ☐ puts clothes on backwards or inside out
49 ☐ looks disheveled

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Checklist #6 (check each description that applies to your child)

My child has trouble finding:

1 ☐ utensils on the table or in the sink
2 ☐ desired item in drawer or on shelf
3 ☐ desired garment in closet or in drawer
4 ☐ socks that match
5 ☐ objects in distracting backgrounds (ex. shoes in messy room, favorite toy in 'junk drawer')
6 ☐ printed figures that appear similar (ex. b, d, and p, or + and x)
7 ☐ a familiar face in a crowd
8 ☐ the appropriate aisle in a store
9 ☐ information on a blackboard and copying it to his/her paper
10 ☐ things that are moving from those that are not moving

My child has trouble judging:

11 ☐ the amount of force needed for a task (ex. pushing grocery cart, kicking a ball)
12 ☐ appropriate pressure with markers, crayons and glue sticks (w/o breaking or flattening)
13 ☐ timing and distance (difficulty catching, batting a ball or throwing to a target)
14 ☐ if he/she is moving or if things around him/her are moving
15 ☐ where food is within the mouth (ex. doesn't chew fully before swallowing)

My child has trouble distinguishing (without looking):

16 ☐ objects in pocket, purse or drawer by feel
17 ☐ what is in his hands
18 ☐ what is touching him
19 ☐ buttons and button holes

My child:

20 ☐ tends to examine toys by touching and feeling them rather than looking at them
21 ☐ continues to examine objects by putting in the mouth (past age of 1.5 years)

My child has trouble distinguishing:

22 ☐ the location of sounds
23 ☐ what is said
24 ☐ the words to a song when listening on a radio
25 ☐ specific sounds that are similar (ex. caT vs. caP or baCK vs. baT)
26 ☐ the taste of different foods

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