

Short Sensory Profile



SENSORY PROFILE

Winnie Dunn,
Ph.D., OTR, FAOTA

Child's Name: _____ Birth Date: _____ Date: _____

Completed by: _____ Relationship to Child: _____

Service Provider's Name: _____ Discipline: _____

INSTRUCTIONS

Please check the box that best describes the frequency with which your child does the following behaviors. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your child, please draw an X through the number for that item. Please do not write in the Section Raw Score Total row.

Use the following key to mark your responses:

- ALWAYS**
- FREQUENTLY**
- OCCASIONALLY**
- SELDOM**
- NEVER**

When presented with the opportunity, your child always responds in this manner, 100% of the time.

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

When presented with the opportunity, your child 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.

When presented with the opportunity, your child never responds in this manner, 0% of the time.

Item		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
Tactile Sensitivity						
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						
Taste/Smell Sensitivity						
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 textures					
Section Raw Score Total						
Movement Sensitivity						
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						
Underresponsive/Seeks Sensation						
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		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
Auditory Filtering						
22	Is distracted or has trouble functioning if there is a lot of noise around					
23	Appears to not 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, refrigerator)					
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						
Low Energy/Weak						
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						
Visual/Auditory Sensitivity						
34	Responds negatively to unexpected or loud noises (for example, cries or hides at noise from vacuum cleaner, dog barking, hair dryer)					
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						

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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
Underresponsive/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

*Classifications are based on the performance of children without disabilities (n = 1,037).

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