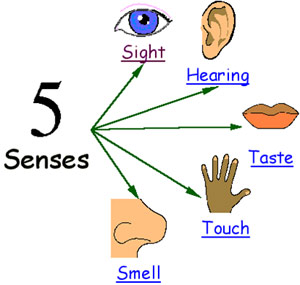
# Monitoring and recording sheets

**Sensory Checklist**



The sensory world is perceived differently by people who have Autism Spectrum Disorder (ASD). People with ASD can be:

* - **Hyposensitive** **-**insensitive to sensory information (don’t feel enough)
* **+ Hypersensitive**- oversensitive to sensory information (feel too much).

One sense can be highly tuned while another is muted. Sometimes it is difficult to turn off the channels and too much information is coming through simultaneously. Filtering out irrelevant information can be very difficult.

**Facts to note:**

Personal Account

I was also very touch sensitive: scratchy petticoats felt like sandpaper rubbing off my skin. There is no way a child is going to function in a classroom if his or her underwear feels like sandpaper.

Temple Grandin 2000

**Autism and Sensory Difficulties**

**81% report visual differences**

**87% hearing**

**77% tactile**

**30% taste**

**56% smell**

Every child with ASD is different and needs to be assessed as an individual. An Occupational Therapist can do a thorough assessment but you can become more aware of the difficulties the child is experiencing by completing the following checklist.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Observed** | **Uncertain** | **Comments** |
| **Sight/Visual** |  |  |  |
| Stimulated by lights and objects such as patterns |  |  |  |
| Drawn to certain colours |  |  |  |
| Hyper-focuses on visual input |  |  |  |
|  |  |  |  |
| Blinks at bright lights |  |  |  |
| Prefers to be in the dark |  |  |  |
| Squints when doing visual tasks |  |  |  |
| Makes poor eye contact |  |  |  |
| Rubs eyes a lot |  |  |  |
|  |  |  |  |
| **Touch/Tactile** |  |  |  |
| Constantly touching or mouthing non-food objects |  |  |  |
| Oblivious to injuries, e.g. bruises |  |  |  |
| Seeks out messy play |  |  |  |
| Pokes, pushes. Touches other people |  |  |  |
| Oblivious to food on hands and face |  |  |  |
|  |  |  |  |
| Adverse reaction to touch |  |  |  |
| Avoids daily hygiene, e.g. washing or teeth cleaning |  |  |  |
| Picky eating habits |  |  |  |
| Aggressive with others |  |  |  |
| Avoids busy places |  |  |  |
|  |  |  |  |
| **Hearing/Auditory** |  |  |  |
| Seeks out loud music or noises |  |  |  |
| Oblivious to loud noises |  |  |  |
|  |  |  |  |
| Easily distracted by noise |  |  |  |
| Grinds teeth or hums |  |  |  |
| Covers ears around noises |  |  |  |
| Distracted by background noises |  |  |  |
| Displays sensitivity to high pitched noises |  |  |  |
|  |  |  |  |
| **Taste/Gustatory**  **Smell/Olfactory** |  |  |  |
| Seeks out very spicy or sour food |  |  |  |
| Smells everything |  |  |  |
| Licks everything |  |  |  |
|  |  |  |  |
| Reacts defensively to certain foods in the mouth |  |  |  |
| Reacts defensively to smells |  |  |  |
| Avoids new foods |  |  |  |
| Avoids foods with mixed textures |  |  |  |
| Prefers only crunch foods |  |  |  |
| Has a limited diet |  |  |  |
|  |  |  |  |
| **Proprioceptive** |  |  |  |
| Crashes onto the ground |  |  |  |
| Seeks out rough and tumble play |  |  |  |
| Enjoys activities that involve heavy work – pulling, pushing, running |  |  |  |
|  |  |  |  |
| **Vestibular** |  |  |  |
| Constantly in motion |  |  |  |
| Loves swinging – hates to stop |  |  |  |
| Spins around a lot |  |  |  |
| Loves being tipped upside down |  |  |  |
| Fear of heights – lifts and escalators |  |  |  |
| Gets car sick |  |  |  |
| Fear of lifting feet off the ground |  |  |  |
| Dislikes head tipping backwards |  |  |  |