

Short Sensory Profile



SENSORY PROFILE

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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 behavior. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe that it is not easy to your child, please draw an X through the number for that item. Please do not write in the Section Row Score Total box.

Use the following key to mark your responses:

ALWAYS

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

FREQUENTLY

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

OCCASIONALLY

When presented with the opportunity, your child occasionally responds in this manner, about 50% of the time.

SELDOM

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

NEVER

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

Item		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
Item	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	Rolls or scratches out a spot that has been touched					
Section Row Score Total						
Item	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 Row Score Total						
Item	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 Row Score Total						
Item	Underresponsive/Seeks Sensation					
15	Enjoys strange noises/sounds to make noise for noise's sake					
16	Seeks all kinds of movement and this interferes with daily routine (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	Jump from one activity to another so that it interferes with play					
21	Leaves clothing twisted on body					
Section Row Score Total						

Item	Auditory Filtering	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
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, has difficulty in class)					
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	FREQUENTLY	OCCASIONALLY	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, wheel 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	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
34	Responds negatively to unexpected or loud noises (for example, startle reflexes at noise from vacuum cleaner, dog barking, law mower)					
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
Taste Sensitivity	/35	35 — 30	28 — 27	25
Taste/Smell Sensitivity	/20	20 — 15	14 — 12	10
Movement Sensitivity	/15	15 — 13	12 — 10	8
Underresponsive/Seeks Sensation	/35	35 — 27	26 — 24	23
Auditory Filtering	/30	30 — 23	22 — 20	18
Low Energy/Weak	/30	30 — 26	25 — 24	23
Visual/Auditory Sensitivity	/25	25 — 19	18 — 16	14
Total	/190	190 — 155	164 — 142	140

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

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Item	Auditory Filtering	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
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, less intelligent)					
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					
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, wears in comparison to same age children)					
32	Prope to support self (even during activity)					
33	Poor endurance/tires easily					
Section Raw Score Total						
Item	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					
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SCORE KEY

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Section	Section Raw Score Total	Typical Performance	Probable Difference	Definite Difference
Tactile Sensitivity	/35	35 — 30	33 — 27	31 — 25
Taste/Smell Sensitivity	/20	20 — 15	18 — 12	16 — 10
Movement Sensitivity	/15	15 — 13	12 — 10	10 — 8
Underresponsive/Seeks Sensation	/35	35 — 27	26 — 21	23 — 15
Auditory Filtering	/30	30 — 23	27 — 20	25 — 18
Low Energy/Weak	/30	30 — 28	25 — 24	23 — 21
Visual/Auditory Sensitivity	/25	25 — 19	18 — 16	16 — 15
Total	/190	190 — 155	154 — 142	140 — 128

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