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| **Sensory Profile for …**  Completed on …. by ….. | | | | | | | | |
| Over sensitivity to sensory stimuli means a person is likely to **avoid**. … has the following over sensitivities: | | | | | | | | **Motor skills differences** |
| **Doesn’t like bright lights**  **Gets headaches from artificial lights**  **Can’t tolerate certain colours** | **Can’t tolerate certain smells**  **Refuses to go in certain room due to smells** | **Has a restricted diet, may be VERY fussy eater**  **Dislikes different types of food touching on plate** | **Covers ears with hands when hears loud noise**  **Finds it hard to filter out background noise and focus in classroom** | **Dislikes being touched/ being in crowds**  **A light touch can be very painful**  **Doesn’t like wearing new clothes**  **Seams or labels in clothes can be very uncomfortable** | **Struggles to go up and downstairs**  **Avoids/dislikes PE**  **Avoids being off the ground**    **Moves whole body to look at something** |  | **Feels constantly hungry/thirsty**  **Feels the urge to go for a wee or a poo very often**  **Has a low pain threshold**  **Feels constantly too hot/too cold** |
| **Delayed at sitting/ crawling/ walking**  **Finds handwriting/ drawing/ using scissors difficult**  **Finds using cutlery difficult**  **Struggles with whole body co-ordination, e.g. sports, bike**  **Finds it difficult to get dressed/tie shoe laces** |
| **Sight** | **Smell** | **Taste** | **Hearing** | **Touch** | **Balance (vestibular)** | **Proprioception (body/space awareness)** | **Interoception (internal body awareness)** |
| Under sensitivity to sensory stimuli means a person is likely to **seek**. … has the following under sensitivities: | | | | | | | |
| **Stares at bright lights**  **Fixates on particular colour/ pattern**  **Moves hands or objects in front of eyes** | **Sniffs items deeply**  **Is unaware of strong smells** | **Eats non-food items**  **Likes very spicy or flavoursome food** | **Listens to music/TV very loud/puts ear to speaker**  **Likes to hear the noise of objects being banged /dropped**  **Makes self-stimulatory noises** | **Touches other people a lot**  **Seeks out preferred fabrics/textures**  **Finds it hard to gauge temperatures, e.g. of bath water** | **Likes to spin around**  **Is constantly on the move**  **Feels the need to jump/ trampoline**  **Feels the need to be upside down**  **Feels the need to climb** | **Leans against things**  **Sits on legs/feet**  **Likes deep pressure**  **Is unaware of own strength**  **Bumps into people/objects**  **Walks on tip-toes**  **Chews non-food objects** | **Doesn’t recognise thirst/hunger**  **Can’t tell when needs a wee or poo**  **Has a high pain threshold**  **Can’t tell if too hot/too cold** |