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## PARENT CHECKLISTS

Please check each description that applies to your child.

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<b>CHECKLIST #1</b>	
<b>These garments bother my child:</b>	<b>These aspects of self-care bother my child:</b>
<input type="checkbox"/> Seams in clothing	<input type="checkbox"/> Washing or wiping face
<input type="checkbox"/> Tags in clothing	<input type="checkbox"/> Cutting toenails or fingernails
<input type="checkbox"/> Socks	<input type="checkbox"/> Having haircut or hair clipped
<input type="checkbox"/> Changing from long to short pants	<input type="checkbox"/> Hair washing or drying
<input type="checkbox"/> Accessories	<input type="checkbox"/> Hair brushing or combing
<input type="checkbox"/> Elastic on clothing	<input type="checkbox"/> Getting dressed
<input type="checkbox"/> Fuzzy or furry textured clothes (e.g. sweaters, collars, etc.)	<input type="checkbox"/> Brushing teeth
<input type="checkbox"/> Wool clothes	<input type="checkbox"/> Getting dirty
	<input type="checkbox"/> Having crumbs around my mouth
	<input type="checkbox"/> Having messy hands
	<input type="checkbox"/> Have a messy mouth
<b>TOTAL</b>	<b>TOTAL</b>
<b>These tactile sensations bother my child:</b>	<b>These visual sensations bother my child:</b>
<input type="checkbox"/> Mud	<input type="checkbox"/> Brightly colored or patterned materials ( e.g. clothes, upholstery, drapes, wallpaper)
<input type="checkbox"/> Finger paint	<input type="checkbox"/> Fluorescent lights
<input type="checkbox"/> Glue	<input type="checkbox"/> Fast moving images in the movies or TV
<input type="checkbox"/> Play dough	<input type="checkbox"/> Visually cluttered environments
<input type="checkbox"/> Foods	<input type="checkbox"/> Busy pictures in books or complex and busy images in artwork
<input type="checkbox"/> Hair care products (greasy/sticky)	
<input type="checkbox"/> Kissing	
<input type="checkbox"/> Coarse carpet	
<input type="checkbox"/> Light stroking touch	
<b>TOTAL</b>	<b>TOTAL</b>
<b>These smells bother my child:</b>	<b>These aspects of food and eating bother my child:</b>
<input type="checkbox"/> Perfume/cologne	<input type="checkbox"/> Salty foods (e.g. nuts or chips)
<input type="checkbox"/> Cleaners/disinfectants	<input type="checkbox"/> Soft foods
<input type="checkbox"/> Bath products	<input type="checkbox"/> Lumpy foods
<input type="checkbox"/> Soaps	<input type="checkbox"/> Slimy foods
<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Soup with vegetables or meat pieces
	<input type="checkbox"/> Spicy foods (e.g. spicy dip, hot sauce)
	<input type="checkbox"/> Eating bread crust
	<input type="checkbox"/> Food preparation/cooking
	<input type="checkbox"/> New/unfamiliar foods
<b>TOTAL</b>	<b>TOTAL</b>

<b>These sounds bother my child:</b>		<b>Sounds in these places bother my child:</b>	
	Sounds of utensils against each other (e.g. spoon in bowl, knife on plate)		Toilet flushing in the bathroom
	Clothing that makes noise (e.g. swishing cloth, accessories)		Appliances/small motor noises (e.g. blender, vacuum, hair dryer, electric shaver) at home
	Door bell ringing		Concerts
	Dog barking		Large gatherings
	Sirens		Restaurants
	Alarms		Parades
	Radio or TV in the background		Malls
	Fluorescent lights		Gymnasium
	Someone talking when I am trying to concentrate		
	Clock ticking		
	Construction or landscaping equipment		
	Water running or dripping in the background		
	<b>TOTAL</b>		<b>TOTAL</b>
<b>These aspects related to movement bother my child:</b>			
	Climbing activities		
	Walking or climbing up open stairs		
	Experiencing heights		
	Walking or standing on moving surfaces		
	Playing in the playground jungle gym		
	Playing in the playground swings and slides		
	Going on amusement park rides		
	Going up or down escalators		
	Chewing foods		
	<b>TOTAL</b>		

## CHECKLIST #2

<b>Typically, my child has a less intense response than others to:</b>		<b>Typically, my child does not notice:</b>	
	The doctor giving him/her a shot		Food or liquid left on lips
	Bruises or cuts		Hands or face that are messy/dirty
	Hurting self		Drooling or food that has fallen out of mouth
	Being touched on the arm or back (ex. unaware)		The need to use the toilet
	Wet or dirty diapers		Feelings of hunger (does not seek food when hungry)
	Dirt on himself/herself		Over-filling mouth when eating
	Objects that are too hot or too cold to touch		Feelings of being "full" (must intervene to stop over eating)
	Bumping into things or falling over objects		Strong or noxious odors
<b>Typically, my child does not notice</b>		<b>Typically, my child does not respond:</b>	
	Activity within a busy environment		When name is called or has to be touched to gain attention (hearing is OK)
	An object coming toward eyes quickly		When a new sound is introduced
	Someone entering or leaving the room		To unexpected loud sounds (e.g. fire drills, hall bells or other loud noises)
	Materials or people in the room needed to complete an activity		When given directions or instructions only once
			To a normal volume speaking voice (e.g. others speak loudly to gain his/her attention)
<b>My child:</b>			
	Performs movements in a slow and plodding fashion		
	Gives little indication of like or dislike from movement		
	Appears to be in his/her own world (tuned out)		
	Does not visually scan the environment (look around)		
	Leaves clothing twisted on body		

### CHECKLIST #3

My child has a constant desire for:		My child has a constant desire for:	
	Swinging		Looking at spinning objects (ex. ceiling fans, toys with wheels, floor fans)
	Being upside down		Watching fast changing TV or movie segments
	Jumping and crashing (e.g. beds or other surfaces)		Watching flickering or blinking lights
	Bumping, pushing, or hitting other children		Watching visually stimulating scenarios (ex. aquarium)
	Fidgeting, wiggling, and restlessness which interferes with daily routines (ex. can't sit still, fidgets)		Staring at people or objects
	Twirling/spinning throughout the day (ex. likes dizzy feeling or does not get dizzy)		
	Movement in chair during class, at a meal, or a business meeting		
	Deliberately falling when running or playing		
	Movement without regard to safety (ex. climbs high into a tree, jumps of tall furniture)		
	Bumping or pushing body against objects/walls		
	Flapping or clapping hands, biting self or other repetitive actions		
	Changing from on activity to another so that it interferes with completion of activities		
	Pushing, pulling, and hanging off things (e.g. refrigerator doors, cabinets, parents' hands)		
My child has a constant desire for:		My child has a constant desire for:	
	Touching people to the point of irritating others (gets in others personal space)		Licking, sucking, or chewing on non-food items (e.g. hair, pencils, clothing)
	Being overly affectionate with others		Eating crunchy, chewy or hard foods to the exclusion of other textures
	Feeling vibrations (e.g. stereo speakers, washer, dryer)		Putting things in mouth
	Touching/feeling objects		Excessive kissing
	Being held		
	Banging head, biting hands, pinching, scratching, or pulling hair		
	Splashing excessively during bath time		
My child has a constant desire to:		My child has a constant desire to:	
	Eat foods with strong flavors/tastes (ex. bitter, sour, spicy)		Talk and has difficulty taking turns
	Smell people/pets		Speak in a loud voice
	Deliberately smell or taste objects or toys during play or other activities		Make a lot of noises during play activity
			Increase the volume on the TV, CD, or radio
			Make strange sounds

### CHECKLIST #4

My child does not:		My child does not have adequate strength so he/she:	
	Have a preferred hand (after age four) for writing, cutting, etc.		Has difficulty turning knobs or handles that require some pressure
	Does not hold paper with other hand while cutting or writing		Has a loose grasp on objects (i.e. pencil, scissors, or things that he is carrying)
	Reach across his/her body to grab a toy		Has a rather tight, tense grasp on objects but cannot sustain
			Can't lift heavy objects
			Seems weaker than other children his/her age
			Holds a pencil differently from most people
My child has difficulty in these activities:		My child:	
	Balancing when a bus, car or subway stops quickly		Feels stiff and awkward when held
	Balancing during motor activities (ex. biking, karate, gymnastics, etc.)		Keeps mouth open most of the time

	Keeping good desk posture (slumps, leans on arm, head too close to work, props head on hand)		Tires easily
	Turns head alone (turns whole body to look at you)		Sits partly on and off the chair
	Tires easily, especially when standing or holding particular body position		Feels "loose" or "floppy" when you lift him/her up or move the child's limbs to help him/her get dressed
	Catching self when falling		Uses one hand or the other but avoids play with the hands together
			Avoids or needs encouragement for heavy work (ex. pushing, pulling, lifting)
<b>My child has difficulty coordinating 2 sides of body to:</b>		<b>My child has difficulty with the following visual activities:</b>	
	Play rhythmic clapping games		Keeping track of place on page (ex. reading)
	Pump self on swing		Following a moving object with eyes, copying from blackboard to paper
	Jump with both feet together		
	Ride a bicycle, tricycle or big wheels		

### CHECKLIST #5

<b>My child has difficulty in these language activities:</b>		<b>My child has difficulty with these motor activities:</b>	
	Is hard to understand when he/she speaks (speech/articulation problems)		Tasks that have several steps
	Unable to follow two or three step directions		Learning exercise steps or routines
			Learning new motor tasks
			Following the steps of a recipe
			Maintaining or copying rhythms
			Balancing
			Hopping, jumping, skipping, or running compared to others his/her age
			Climbing/jumping or walking on bumpy/uneven ground
			Sports or games
			Climbing on and over objects
			Riding a bike, tricycle or big wheel (pedaling or pushing with feet)
			Climbing or playing on playground equipment
			Catching a ball
<b>My child:</b>		<b>My child has difficulty with these fine motor activities:</b>	
	Is clumsy or seems not to know how to move body, bumps into things		Playing with small manipulative toys (duplos, beads, blocks)
	Prefers sedentary (quiet) activities to movement activities		Blowing (ex. soap bubbles or whistle)
	Approaches new motor activities in an overly cautious manner		Wrapping a present
	Gets lost easily (even in familiar places)		Snapping fingers
	Is accident prone		Operating a manual can opener
	Talks self through tasks		Putting a belt through all belt loops
	Uses inefficient ways of doing things (ex. wastes time, moves slowly, does things in the hardest way)		Grasping a pencil or crayon
	Tends to break toys/objects and other things when has problems using them		Applying paste to toothbrush
	Has difficulty formulating goals (ideas) for action		
<b>My child has difficulty with these school activities:</b>		<b>My child has difficulty with these daily living tasks:</b>	
	Drawing, coloring, or copying		Licking an ice cream cone
	Cutting and pasting		Using a spoon or cup
	Staying between the lines when coloring or when writing		Handling eating utensils
			Clothing off or on
			Placing arm or leg correctly in clothing
			Tying shoes
			Fasteners (ex. buttons, zipper, snaps, buckles)

			Putting on pierced earrings and/or a necklace
			Putting on a watch
<b>My child:</b>			
	Eats in a messy, sloppy manner		
	Eats or dresses slowly		
	Puts clothes on backwards or inside out		
	Looks disheveled		

## CHECKLIST #6

<b>My child has trouble finding:</b>		<b>My child has trouble judging:</b>	
	Utensils on the table or in the sink		The amount of force needed for a task (ex. pushing grocery cart, kicking a ball)
	Desired item in drawer or on shelf		Appropriate pressure with markers, crayons and glue sticks (w/o breaking or flattening)
	Desired garment in closet or shirt in drawer		Timing and distance (difficulty catching, batting a ball or throwing to a target)
	Socks that match		If he /she is moving or of things around him/her are moving
	Objects in distracting backgrounds (ex. shoes in messy room, favorite in "junk drawer")		Where food is within the mouth (ex. doesn't chew fully before swallowing)
	Printed figures that appear similar (ex. b and dp, or + and x)		
	A familiar face in a crowd		
	The appropriate aisle in a store		
	Information on a blackboard and copying it to his/her paper		
	Things that are moving from those that are not moving		
<b>My child has trouble distinguishing (without looking):</b>		<b>My child:</b>	
	Objects in pocket, purse, or drawer by feel		Tends to examine toys by touching and feeling them rather than looking at them
	What is in his/her hands		Continues to examine objects by putting in the mouth (past age of 1.5 years)
	What is touch him/her		
	Buttons and button holes		
<b>My child has trouble distinguishing:</b>			
	The location of sounds		
	What is said		
	The words to a song when listening on a radio		
	Specific sounds that are similar (ex. caT vs. caP or bacK vs. baT)		
	The taste of different foods		