



SENSORY SUPPORT NEEDS CHECKLIST



OBSERVABLE BEHAVIOUR	NOT ABLE TO COMMENT	NOT REALLY	SOMETIMES	A LOT OF THE TIME
Over-eats, eats anything (e.g. soil)				
Places objects in mouth (e.g. to chew them)				
Doesn't notice smells that others do				
Licks objects				
Finds smells overpowering/ intense				
Avoids proximity with people with strong perfumes/ shampoos				
Rocks/ swings/ spins				
Gets travel sick				
Dislikes getting hands dirty				
Dislikes some materials e.g. in clothing				
Dislikes the feel of collars/ cuffs/ labels of clothing				
Dislikes having hair cut/ washed				
Dislikes going to the dentist/ brushing teeth				
Dislikes having nails cut				
Dislikes (or only likes) certain food textures				
Doesn't appear to feel pain/ or feels pain very easily				
Holds people tightly				
Avoids being touched by others				

Dislikes having anything on hands/ feet (e.g. kicks shoes off)				
Difficulties in fine motor skills (e.g. buttons)				
Has trouble navigating rooms/ avoiding obstructions				
Stands too close to others/ lacks awareness of personal body space				
Poor depth perception (e.g. on stairs/kerbs)				
Rubs eyes/ squints/ appears not to like certain lights or colours (e.g. high or low light levels)				
Likes to focus on small details of objects, rather than look at whole item				
Doesn't always acknowledge certain sounds				
Finds some sounds very loud or hears things far away				
Seeks out noisy places and experiences (e.g. banging objects)				
Squeezes into small spaces (e.g. under tables)				
Difficulties in fine motor skills (e.g. buttons)				
Clumsy/bumps into people				
Sleep difficulties				
Tip toe walking				
Finds it difficult to work/ play in groups				