

Pediatric Sensory Profile Short

TODAY'S DATE

CLIENT INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

DATE OF BIRTH

COMPLETED BY

RELATIONSHIP TO CHILD

SERVICE PROVIDER'S NAME

DISCIPLINE

INSTRUCTION

Please check the box that best describes the frequency with which you child does the following behaviors. Please answer all of the statements. If you are unable to comment because you have not observed this behavior or believe that it does not apply to your child, please draw an X through the number for that item. Please do not write in the Section Raw Score Total row.

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 always responds in this manner, 75% of the time.
Occasionally	When presented with the opportunity, your child always responds in this manner, 50% of the time.
Seldom	When presented with the opportunity, your child always responds in this manner, 25% of the time.
Never	When presented with the opportunity, your child always responds in this manner, 0% of the time.

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Therapeutic & Family Services, Consultations, Mind/Body Wellness, Case Management

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Item	Tactile Sensivity	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
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	Rubs or scratches out a spot that has been touched					
Section Raw Score Total						
Item	Taste/Smell Sensivity	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
8	Avoids certain tastes or food smells that are typically part of children's diets					
9	Will only eat certain tastes. Please list: _____					
10	Limits self to particular food textures/temperatures Please list: _____					
11	Rubs or scratches out a spot that has been touched					
Section Raw Score Total						
Item	Movement Sensivity	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
12	Becomes anxious or distressed when feet leave the ground					
13	Fears falling or heights					
14	Dislikes activities where head is upside down (for ex., somersaults, roughhousing)					
Section Raw Score Total						
Item	Underresponsive/Seeks Sensation	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
15	Enjoys strange noises/seeks to make noise for noise's sake					
16	Seeks all kinds of movement and this interferes with daily routines (for ex., can't sit stil, 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	Jumps from one activity to another so that it interferes with play					
21	Leaves clothing twisted on body					
Section Raw 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 ex., does not "tune-in" to what you say appears to ignore you)					
24	Can't work with background noise (for ex., fan, refrigerator)					
25	Has trouble completing tasks when the radio is on					
26	Doesn't respond when name is called but 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 ex., weak 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 ex., 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					
38	Covers eyes or squints to protect eyes from light					
Section Raw Score Total						

FOR OFFICE USE ONLY

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 2 = Frequently 3 = Occasionally 4 = Seldom 5 = Never

Section	Section Raw Score Total	Typical Performance	Probable Difference	Definite Difference
Tactile Sensitivity	/35	35 ----- 30	29 ----- 27	26 ----- 7
Taste/Smell Sensitivity	/20	20 ----- 15	14 ----- 12	11 ----- 4
Movement Sensitivity	/15	15 ----- 13	12 ----- 11	15 ----- 13
Underresponsive/Seeks Sensation	/35	35 ----- 27	26 ----- 24	23 ----- 7
Auditory Filtering	/30	30 ----- 23	22 ----- 20	19 ----- 6
Low Energy/Weak	/30	30 ----- 26	25 ----- 24	23 ----- 6
Visual/Auditory Sensitivity	/25	25 ----- 19	18 ----- 16	15 ----- 5
Total	/190	190 ----- 155	154 ----- 142	141 ----- 38