

## Sensory Checklist

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<b>TOUCH</b>				
	<b>AVOIDS</b>	<b>SEEKS</b>	<b>MIXED</b>	<b>NEUTRAL</b>
Being touched on some body parts, hugs and cuddles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certain clothing fabrics, seams, tags, waistbands, cuffs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing, shoes, or accessories that are very tight or very loose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting hands, face, or other body parts "messy" with paint, glue, sand, food, lotion, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming activities such as face and hair washing, brushing, cutting, and nail trimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a bath, shower, or swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting toweled dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying new foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling particular food textures and temperatures inside the mouth—mushy, smooth, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking barefoot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>PROPRIOCEPTION (BODY SENSE)</b>				
	<b>AVOIDS</b>	<b>SEEKS</b>	<b>MIXED</b>	<b>NEUTRAL</b>
Activities such as roughhousing, jumping, banging, pushing, bouncing, climbing, hanging, and other active play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-risk play (jumps from extreme heights, climbs very high trees, rides bicycle over gravel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor tasks such as writing, drawing, closing buttons and snaps, attaching pop beads and snap-together building toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities requiring physical strength and force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating crunchy foods (pretzels, dry cereal, etc.) or chewy foods (e.g., meat, caramels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smooth, creamy foods (yogurt, cream cheese, pudding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having eyes closed or covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**VESTIBULAR (MOVEMENT SENSE)**

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	AVOIDS	SEEKS	MIXED	NEUTRAL
Being moved passively by another person (rocked or twirling by an adult, pushed in a wagon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding equipment that moves through space (swings, teeter-totter, escalators and elevators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinning activities (carousels, spinning toys, spinning around in circles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities that require changes in head position (such as bending over sink) or having head upside down (such as somersaults, hanging from feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenges to balance such as skating, bicycle riding, skiing, and balance beams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing and descending stairs, slides, and ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being up high, such as at the top of a slide or mountain overlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less stable ground surfaces such as deep pile carpet, grass, sand, and snow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding in a car or other form of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**AUDITORY/LISTENING**

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	AVOIDS	SEEKS	MIXED	NEUTRAL
Hearing loud sounds—car horns, sirens, loud music or TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in noisy settings such as a crowded restaurant, party, or busy store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV or listening to music at very high or very low volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking or being spoken to amid other sounds or voices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background noise when concentrating on a task (music, dishwasher, fan, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games with rapid verbal instructions such as Simon Says or Hokey Pokey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-and-forth, interactive conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar sounds, silly voices, foreign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing alone or with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**VISION**

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	AVOIDS	SEEKS	MIXED	NEUTRAL
Learning to read or reading for more than a few minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking at shiny, spinning, or moving objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities that require eye-hand coordination such as baseball, catch, stringing beads, writing, and tracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tasks requiring visual analysis like puzzles, mazes, and hidden pictures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities that require discriminating between colors, shapes, and sizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visually "busy" places such as stores and crowded playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding objects such as socks in a drawer or a particular book on a shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very bright light or sunshine, or being photographed with a flash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dim lighting, shade, or the dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action-packed, colorful television, movies or computer/video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New visual experiences such as looking through a kaleidoscope or colored glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**TASTE AND SMELL**

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	AVOIDS	SEEKS	MIXED	NEUTRAL
Smelling unfamiliar scents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong odors such as perfume, gasoline, cleaning products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smelling objects that aren't food such as flowers, plastic items, playdough, and garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating new foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating familiar foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating strongly flavored foods (very spicy, salty, bitter, sour, or sweet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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