



INFANT/TODDLER SENSORY PROFILE™

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Caregiver Questionnaire

7 TO 36 MONTHS

Child's Name: _____ Birth Date: _____ Date: _____

Completed by: _____ Relationship to Child: _____

Service Provider's Name: _____ Discipline: _____

Circle the birth order of your child within the family 1st 2nd 3rd 4th 5th Other _____

Have there been more than 3 children, between the ages of birth-18 years, living in your household during the past 12 months? _____

INSTRUCTIONS

Please check the box that best describes the frequency with which your child does the following behaviors. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your child, please draw an X through the number for that item. Write any comments at the end of each section.

Use the following key to mark your responses

- | | |
|----------------------|---|
| ALMOST ALWAYS | When presented with the opportunity, your child almost always responds in this manner, 90% or more of the time. |
| FREQUENTLY | When presented with the opportunity, your child frequently responds in this manner, about 75% of the time. |
| OCCASIONALLY | When presented with the opportunity, your child occasionally responds in this manner, about 50% of the time. |
| SELDOM | When presented with the opportunity, your child seldom responds in this manner, about 25% of the time. |
| ALMOST NEVER | When presented with the opportunity, your child almost never responds in this manner, 10% or less of the time. |

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

Item	A. General Processing		ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
 1		My child's behavior deteriorates when the schedule changes.					
2		My child avoids playing with others.					
3		My child withdraws from situations.					

Note: You do not calculate a Raw Score Total for this section.

Comments

Item	B. Auditory Processing		ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
— 4		I have to speak loudly to get my child's attention.					
— 5		I have to touch my child to gain attention.					
 6		My child enjoys making sounds with his/her mouth.					
— 7		My child takes a long time to respond, even to familiar voices.					
 8		My child startles easily at sound, compared to other children the same age.					
 9		My child is distracted and/or has difficulty eating in noisy environments.					
— 10		My child ignores me when I am talking.					
11		My child tries to escape from noisy environments.					
 12		My child finds ways to make noise with toys.					
— 13		It takes a long time for my child to respond to his/her name when it is called.					
Section Raw Score Total							

Comments

Item	C. Visual Processing		ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
 14		My child enjoys looking at moving or spinning objects (for example, ceiling fans, toys with wheels, floor fans).					
 15		My child enjoys looking at shiny objects.					
— 16		My child avoids eye contact with me.					
17		My child refuses to look at books with me.					
— 18		My child does not recognize self in the mirror.					
 19		My child enjoys looking at own reflection in the mirror.					
 20		My child prefers fast-paced, brightly colored TV shows.					
Section Raw Score Total							








Comments

Item	D. Tactile Processing		ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
	21	My child resists being held.					
⊙	22	My child becomes agitated when having hair washed.					
	23	My child avoids getting face/nose wiped.					
⊙	24	My child is distressed when having nails trimmed.					
	25	My child resists being cuddled.					
⊙	26	My child is upset by changes in the bath water temperature, from one bath to the next.					
	27	My child avoids contact with rough or cold surfaces (for example, squirms, arches, cries).					
⊙	28	My child becomes very upset if own clothing, hands, and/or face are messy.					
⊙	29	My child gets upset with extreme differences in room temperature (for example, hotter, colder).					
⊙	30	My child becomes anxious when walking or crawling on certain surfaces (for example, grass, sand, carpet, tile).					
~	31	My child enjoys playing with food.					
~	32	My child seeks opportunities to feel vibrations (for example, stereo speakers, washer, dryer).					
—	33	My child bumps into things, seeming to not notice objects in the way.					
~	34	My child enjoys splashing during bath time.					
~	35	My child uses hands to explore food and other textures.					
Section Raw Score Total							

Comments

Item	E. Vestibular Processing		ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
—	36	My child requires more support for sitting than other children the same age (for example, infant seat, pillows, towel roll).					
~	37	My child enjoys physical activity (for example, bouncing, being held up high in the air).					
~	38	My child enjoys rhythmical activities (for example, swinging, rocking, car rides).					
⊙	39	My child becomes upset when placed on back to change diapers.					
	40	My child resists having head tipped back during bathing.					
⊙	41	My child cries or fusses whenever I try to move him/her.					
Section Raw Score Total							

Comments





Item	F. Oral Sensory Processing					
		ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
 42	My child licks/chews on nonfood objects.					
 43	My child mouths objects.					
 44	My child is unaware of food or liquid left on lips.					
 45	My child refuses all but a few food choices.					
 46	My child resists having teeth brushed.					
 47	My child refuses to drink from a cup.					
 48	My child refuses to try new foods.					
Section Raw Score Total						

Comments

What do you see as your child's strengths? _____

What are your concerns? _____

STOP HERE IF YOUR CHILD IS 7 TO 36 MONTHS OLD.

ICON KEY	
	Low Registration
	Sensation Seeking
	Sensory Sensitivity
	Sensation Avoiding

SCORE KEY	
1	Almost Always
2	Frequently
3	Occasionally
4	Seldom
5	Almost Never