

## Sensory Checklist

From *Raising a Sensory Smart Child*, © Biel & Peske, 2005

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| TOUCH   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | AVOIDS                   | SEEKS                    | MIXED                    | NEUTRAL                  |
| 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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| PROPRIOCEPTION (BODY SENSE)   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | AVOIDS                   | SEEKS                    | MIXED                    | NEUTRAL                  |
| 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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