



## SENSORIMOTOR HISTORY

Name:	.....
DOB:	.....
Class:	.....
Completed By:	.....
Date:	.....

### TACTILE

Does or did the pupil:

	Yes	Sometimes	No
Avoid messy things like finger paint, glue, mud etc.			
Strongly dislikes having dirty hands.			
Have trouble tolerating touching, hugging or cuddling.			
Strongly dislike having hair washed, combed or brushed.			
Strongly dislikes having hair or fingernails cut.			
Wear only certain types of clothes – dislikes labels.			
Fiddles with objects/clothes.			
Frequently bumps and pushes other children.			
Seems unaware of cuts, bruises and bumps.			
Over-reacts strongly to minor cuts, bumps and bruises.			
Frequently walks on tiptoe.			
Dislikes crowded environments, for example dining halls etc.			
Unaware of temperature changes.			
Becomes fearful anxious or aggressive with unexpected touch.			
Fearful of close proximity to others.			
<b>Describe any additional observations that seem out of the ordinary:</b>			

## VESTIBULAR/PROPRIOCEPTIVE

Does or did the pupil:

	Yes	Sometimes	No
Avoid playground equipment.			
Fearful of fast moving rides.			
Avoids escalators and lifts.			
Get car sick frequently.			
Want to spin and twirl a lot.			
Have poor balance.			
Appear awkward when moving.			
Use too much or too little pressure with objects, e.g. pencil, toys etc.			
Fatigues more easily than others his/her age.			
Frequently bumps into things or trips more easily.			
Has no sense of danger.			
Rocks in chair or floor, or whilst standing.			
Takes movement or climbing risks that are unsafe, e.g. jumping on furniture.			
Lies down on floor at inappropriate times.			
Enjoys tight/small spaces.			
Likes to be upside down.			
Touches furniture or walls when walking.			
<b>Describe any additional observations that seem out of the ordinary:</b>			

## VISUAL

Does or did the pupil:

	Yes	Sometimes	No
Has difficulty following and object with eyes.			
Does not look when performing an activity.			
Turn or tilt head when looking at something.			
Blink excessively when trying to catch an object.			
Have difficulty with puzzles, colours and shapes.			
Reverses letters and numbers.			
Avoid eye contact.			
Enjoys lining objects up.			
Watches spinning or shiny objects.			
Find bright colours overwhelming.			
Covers eyes, rubs eyes or squints.			
Prefers to work in a low lighting environment.			
Flicks fingers in front of eyes.			
<b>Describe any additional observations that seem out of the ordinary:</b>			

## **AUDITORY**

Does or did the pupil:

	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>
Have a history of ear infections/grommets.			
Strongly dislike loud noises, e.g. vacuum cleaners and hand dryers.			
Becomes easily distracted by environmental sounds.			
Have difficulty following instructions.			
Runs away or covers ear with unexpected noises.			
Distracted by noises not usually noticed by others, e.g. ticking clocks and fluorescent lights.			
Appears confused where sound is originating.			
Speaks with a loud voice.			
Tunes out or appears to ignore requests or instructions.			
Covers ears with hands.			
Covers eyes, rubs eyes or squints.			
Auditory stims – hums or makes different sounds.			
<b>Describe any additional observations that seem out of the ordinary:</b>			

## **OLFACTORY/GUSTATORY**

Does or did the pupil:

	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>
Seeks to mouth/lick unusual items.			
Frequently chews on objects or clothes.			
Avoids eating certain types of textures of food.			
Seems overly sensitive to smells, e.g. perfume, food cooking.			
Seems unaware of smells and tastes.			
Excessive smelling of people and objects.			
Resists teeth brushing.			
Licks or chews inedible objects e.g. clothes, hair etc.			
Picky eater.			
Seeks vibration to the mouth.			
Gags from certain food textures.			
<b>Describe any additional observations that seem out of the ordinary:</b>			

Several “yes” responses in any category indicate that the pupil may need further evaluation from the school Occupational Therapist for sensorimotor problems.

Adapted from East Kent Hospitals NHS Sensorimotor History form and the Autism Education Trust (AET) - National Autism Standards - Sensory Assessment Checklist Supported by the Department for Education (DES) 2017 – Donna Dodd (OT) & Michelle Lemar (STLS)