The diagnostic criteria from the DSM V identifies “Hyper- or hypo- reactivity to sensory input or unusual interest in sensory aspects of the environment.” This means a pupil may seek or avoid particular sensory stimuli. Understanding this profile can help us make reasonable adjustments for the child. If particular areas of need or difference are identified, please seek further advice from the CCN team or to contact the Paediatric Occupational Therapist Helpline please call

07562 436633, Wednesday between 9:00am-12:00pm and Thursday between 1:00pm-4:00pm.

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| VISUAL | NOTES |
| Consider:   * Is the pupil particularly sensitive to bright light, i.e. dislikes sunny days? Prefers sunglasses? Likes the curtains to be shut?   And/or:   * Does the pupil seek out visual patterns, i.e. spinning lights, observing things closely, looking at objects through other objects? |  |
| AUDITORY | NOTES |
| Consider:   * Does the pupil find some sounds difficult to tolerate, such as hand driers or noisy environments? Do they have difficulty filtering unwanted sounds?   And/or:   * Does the pupil have difficulty regulating their tone of voice? Do they find it difficult to recall a series of instructions? |  |
| TACTILE (Touch | NOTES |
| Consider:   * Does the pupil find unexpected touch difficult? Are they sensitive to the textures of clothing? * Do they avoid messy play or have difficulty ouching certain textures? * Are they over sensitive to pain, responding significantly to seemingly small injuries?   And/or:   * Do they touch everything around them? * Do they like tight hugs? * Do they seem to have a high pain threshold, where significant injuries do not seem to register? |  |

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| VESTIBULAR (BALANCE) | NOTES |
| Consider:   * Does the pupil constantly and frequently seek movement? * Do they like to climb? * Do they frequently lean against the chair/floor/wall?   And/or:   * Is the pupil reluctant to use climbing equipment? * Are they overly cautious on slippery surfaces? |  |
| PROPRIOCEPTION (AWARENESS OF BODY POSITION AND MOVEMENT) | NOTES |
| Consider:   * Does the pupil have difficulty knowing how much pressure to use, for example when hugging, or when drawing?   And/or:   * Do they touch everything around them? * Do they struggle to maintain personal space? * Do they like tight hugs? |  |
| GUSTATORY AND OLFACTORY (TASTE AND SMELL) | NOTES |
| Consider:   * Does the pupil have an extreme dislike of certain tastes or smells? * Do they prefer bland/plain food? * Do they have a limited range of safe food?     And/or:   * Do they chew on non-food items? * Do they like to sniff things/food to process them? * DO they seek strong flavours such as salty or spicy food? |  |
| OTHER | NOTES |
| Please add any additional information that may be sensory in nature or relevant to the pupil’s presentation, e.g., the pupil is short sighted and wears glasses, or they wear a hearing aid. |  |