# **Individual Sensory Audit**

## **Sight**

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| **SIGHT** | **How often does this happen e.g., seen frequently/ sometimes/never** | **NOTES** |
| Does the pupil have poor/decreased eye contact during social interaction? Do they overly use peripheral vision meaning that they do not look at a person they are communicating with? OR does the pupil make eye contact that is overly intense? |  |  |
| Does the pupil have light sensitivity or dislike changes in environmental lighting (including the sun)? Do they cover their eyes or withdraw from bright lights? OR is the pupil drawn to bright lights and reflective objects such as mirrors? |  |  |
| Is the pupil easily distracted by visual movement in the room? OR does the pupil have difficulty in tracking the movement of objects or people? OR do they like watching repetitive movements? |  |  |
| Does the pupil have difficulty copying from a whiteboard or a piece of paper? Do they copy inaccurately? |  |  |
| Does the pupil have difficulty finding things on a busy background or in a cluttered space such as a desk or bag? OR do they tend to focus on small details? |  |  |

## **Hearing**

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| **HEARING** | **How often does this happen e.g., frequently/ sometimes/never** | **NOTES** |
| Does the pupil have difficulty tolerating everyday sounds such as hand dryers? Do they cover their ears? OR are they attracted by particular sounds, e.g., rhythmical sounds? Do they enjoy making loud noises or sounds? |  |  |
| Can they hear sounds that others do not hear? Are they unusually distracted by noises around them/background noise? |  |  |
| Does the child have difficulty regulating the tone and volume of their voice when speaking e.g., being took loud or too quiet? |  |  |
| Do they find it difficult to follow instructions? Do they misunderstand or have incomplete recall of a set of instructions? Do they tend to memorise large amounts of information or have an especially good auditory memory for songs or rhymes? |  |  |

## **Touch**

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| **TOUCH** | **How often does this happen e.g., frequently/sometimes/never** | **NOTES** |
| Does the pupil have a need to touch everything around them? Do they frequently touch or fiddle with things? |  |  |
| Is the pupil overly physical in their play with others? Do they like tight hugs? OR do they dislike light touch or being touched unexpectedly? |  |  |
| Does the pupil avoid certain textures or media e.g., paint/glue? Do they dislike sensory play? OR are they drawn to certain textures? |  |  |
| Does the pupil have little or delayed response to different temperatures e.g., wearing their coat when it is hot outside? OR do they have extremes reactions to temperature? |  |  |
| Does the pupil have an unusual response to pain? Do they ignore cuts and bruises? OR do they have a heightened reaction to pain? |  |  |
| Does the pupil engage in repetitive behaviours that involve an element of pain, such as pinching or scratching themselves or banging their head against a hard surface? |  |  |
| Does the pupil apply excess or limited pressure when using mark makers? OR do they avoid picking up mark makers, e.g., pencil/pen/paintbrush? |  |  |
| Does the pupil dislike having their hair or nails cut? Do they avoid taking a shower or engaging in water play? Do they dislike brushing their teeth? OR do they seek out these experiences? |  |  |
| Does the pupil dislike certain food textures? OR do they prefer dry/wet or crunchy/chewy foods? |  |  |

## **Sense of Balance and Movement (Vestibular)**

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| **SENSE OF BALANCE AND MOVEMENT (VESTIBULAR)** | **How often does this happen e.g., frequently/ sometimes/never** | **NOTES** |
| Does the pupil constantly or frequently seek movement? Do they find it difficult to sit still? Do they rock on their chair? Do they engage in swinging or spinning? OR are they reluctant to go on apparatus? |  |  |
| Does the pupil have a tendency to run rather walk? OR do they place their feet carefully on the ground as they travel? |  |  |
| Does the pupil struggle to hold themselves upright? Do they tend to lean against the back of the chair or against objects/the wall? |  |  |
| Does the pupil struggle to ride a bike or balance on a beam? Do they avoid uneven or slippery surfaces? Do they have difficulty with steps? OR do they seek out these experiences? |  |  |
| Does the pupil like to climb? Do they like to jump off high surfaces? OR do they avoid such activities? |  |  |

## **Awareness of the Positioning and Movement of the Body (Proprioception)**

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| **AWARENESS OF THE POSITIONING AND MOVEMENT OF THE BODY (PROPRIOCEPTION)** | **How often does this happen e.g., frequently/ sometimes/never** | **NOTES** |
| Does the pupil touch the wall, hold onto the handrail on the staircase or touch the doorframe as they go through? OR do they travel on the front part of their foot? |  |  |
| Does the pupil present with poor motor coordination? Do they frequently trip or bump into things (objects or people)? |  |  |
| Does the pupil struggle to maintain personal space? Do they invade the personal space of others such as sitting too close to them? Do they engage in physical play with others? |  |  |
| Does the pupil spend the pupil spend a lot of time on the floor? Do they drop to the floor at stressful times? |  |  |
| Does the pupil like to squeeze into small spaces or hug themselves tightly? Do they like to get under heavy blankets/objects? |  |  |
| Does the pupil engage in movements with more force than necessary? OR do they tend to use light pressure? |  |  |

## **Smell and Taste**

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| **SMELL AND TASTE** | **How often does this happen e.g., frequently/ sometimes/never** | **NOTES** |
| Does the pupil have an extreme dislike of certain environmental odours or tastes? OR do they find particular scents soothing? |  |  |
| Does the pupil sniff objects in order to process them, particularly objects that are not food? Do they tend to sniff foods before eating them? |  |  |
| Does the pupil put objects, (or fingers or hands) into their mouth? Do they have an excess of saliva? Do they seek an excess of water? |  |  |
| Does the pupil eat (or chew) things that are not food? Do they chew on their clothing? Do they tend to gag on particular foods? |  |  |
| Does the pupil prefer bland/plain foods? Do they seek out strong flavours? |  |  |
| Does the pupil struggle to moderate their hunger or thirst? Do they eat particular foods excessively? Do they eat a limited range of foods? |  |  |

## **Other**

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| **OTHER** | **How often does this happen e.g., frequently/ sometimes/never** | **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. |  |  |