

## ***Sensory Processing***

Does your child have any difficulty with any of the following? If so, describe briefly:

Tolerating loud noises: Y N

Sometimes \_\_\_\_\_

Tolerating bright light: Y N

Sometimes \_\_\_\_\_

Tolerating clothing/tags: Y N

Sometimes \_\_\_\_\_

Baths (including hair washing): Y N

Sometimes \_\_\_\_\_

Getting to sleep/staying asleep: Y N

Sometimes \_\_\_\_\_

Playing with peers: Y N

Sometimes \_\_\_\_\_

Dealing with crowds: Y N

Sometimes \_\_\_\_\_

Engaging in activity for extended time: Y N

Sometimes \_\_\_\_\_

Getting easily frustrated: Y N

Sometimes \_\_\_\_\_

Following several instructions: Y N

Sometimes \_\_\_\_\_

Trying or learning new games or activities: Y N

Sometimes \_\_\_\_\_

New foods/certain types of foods: Y N

Sometimes \_\_\_\_\_

New experiences: Y N

Sometimes \_\_\_\_\_

Separation from parents/siblings: Y N

Sometimes \_\_\_\_\_

Frequent tantrums: Y N

Sometimes \_\_\_\_\_

Transitions between activities: Y N

Sometimes \_\_\_\_\_

Describe your child's play time activities, including toys he/she prefers or avoids:

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