Sensory Processing

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