

## **Sensory Learning Profile Checklist**

Child's Name:	
Grade:	School:
Person completing the check	list:
please chec	In order to gather more information, k all that apply and add comments that you feel are relevant.
Learning Behavior:	
	ons or needs them repeated frequently
	at is being said unless you are directly in front of him/her
	g: tasks, from the playground, or at pick up/drop off
Difficulty with problem-s	
Does not ask for help or ju	
Uses distracting behaviors	own errors or is overly critical of self (Circle one)
	nother in a disorganized way
	tice than others to learn new things
Takes a long time to learn	
Difficulty following group	
Difficulty answering ques	stions during group learning
Attention and Focus:	
	tly following through with tasks
Is easily distracted by pee	
Stares blankly at times:	
Seems to have difficulty s	shifting from active play to seated work
Is easily distracted by noi	
Looks away while listening	demonstration to figure out what to do
Looks away wille listelli	ig
Daadings	
Reading: Has trouble with decoding	
Has trouble with encoding	
Has difficulty recognizing	
Poor reading fluency	•
Poor reading comprehens	ion
Writing:	
Difficulty generating idea	
Does not check work for a	sequencing ideas for content
Uses phonetic/inventive s	
Does not use punctuation	
Poor spacing and/or sizing	
-	
Math:	
Difficulty with rote count	ing
Difficulty counting on	
Difficulty with one to one	
Difficulty correlating num	bers with quantities

Difficulty with geometry concepts Difficulty with functional math (time, money, measurement) Difficulty with rounding and/or estimation Difficulty with fraction concepts and/or part/whole Difficulty manipulating numbers to create variations in number sentences (i.e., 6+3= 9; 9-3= 6) Difficulty identifying relevant information from word problems Difficulty recalling math facts Difficulty with (circle all that apply): addition, subtraction, multiplication, division
Social/Emotional:
Has difficulty socializing with peers
Verbally aggressive
Overly controlling with peers and/or group activities
Prefers to play alone or has difficulty joining play Easily frustrated or gives up quickly
Seems hyperaware of difficulties
Impulsive
Fearful of new situations
Is unsafe on the playground Poor self-esteem/confidence
Says "I can't" to age appropriate activities
Excessively controlling during play/activities
Seems anxious or always "on guard"
Other:
Posture and Strength:
Head held to one side with drawing/looking at objects
Hikes shoulders when cutting/drawing/manipulating crafts Frequently stands during seated work
Excessive fidgeting in sitting
Leans on desk or people for support
Has trouble getting up from the floor
Fatigues easily
Seems to have strong arms but a weak core
Functional Vision:
Has diagnosed visual problem: Trouble with ball skills, blinks or turns away when a ball approaches
Has trouble tracing on a line or staying inside a path but good fine motor skills
Poor eye contact
Easily visually distracted
Seems to grab without looking Blinks/Rubs eyes or squints during/after visual activities
Seems to be sensitive to light or computer work
Short attention span for visual motor/writing/drawing activities
Frequently stares into the distance/out a window when working
Difficulty writing on a line or sizing letters
Skips lines/words when reading or has poor reading comprehension Difficulty with word searches and/or design copying
Difficulty copying from the board or copying from a page, needs increased time
Visual Perceptual/Motor:
Poor understanding of spatial concepts/spatial relations (large, small, top, bottom)
Difficulty completing interlocking puzzles
Difficulty finding objects in a busy background (hidden pictures or something on a shelf)  Poor spatial organization of drawings, letters, words, sentences, math problems
Difficulty completing mazes and dot-to-dots
Difficulty cutting along a line
Difficulty differentiating between objects on a page

Has difficulty writing and/or tracing his/her name Poor handwriting: legibility, spacing, sizing, formation (circle all that apply) Poor design copying skills	
Fine Motor:  Difficulty manipulating small objects (coins, beads, pegs) Uses middle finger instead of index finger to pick up small objects Uses fist grasp or several fingers to pick up small objects Difficulty holding writing/coloring utensils or awkward grasp Colors too lightly or with too much force (circle one) Uses whole arm movements versus isolating wrist and finger movements with writing/drawing Has difficulty manipulating scissors to cut paper Seems to have weak hands or hikes shoulders with resistive tasks such as play doh Difficulty with in-hand manipulation (ex: separating pennies to move them from palm to fingerting	ps)
Bilateral Integration: Demonstrates mixed hand dominance. Does not approach desk work from left to right Avoids activities that require reaching across his/her body or frequently switches hands Does not stabilize the paper while writing/drawing/cutting Always uses both hands together Does not use one hand to stabilize containers when opening them Has difficulty with gross motor skills such as jumping with 2 feet or pedaling a bike	
Coordination/Spatial Judgment:  Poor balance/avoids challenges to balance on playground Trips/Falls easily or doesn't look where he/she is going Runs into desks/doorways/peers Has trouble learning new games or copying hand/body motions or avoids them Seems to be behind peers in motor skills Tenses, drools, sticks out tongue, grits teeth when working Trouble going up and/or down stairs	
Activities of Daily Living: Needs assistance to complete classroom routines Difficulty with jacket/backpack management Other:	
Behaviors Related to Sensory Processing:  Has trouble grading force with peers and objects (too much/too little)  Looks for opportunities to play rough or push/kick other kids Avoids messy activities/splays hands/washes hands immediately following brief use of messy substances Seeks fast movement, spinning, or jumping from heights (Circle one)  Overly sensitive to certain sounds:  Does not seem aware of new sounds/his name being called Likes to make noises or hum to self frequently  Overly active and has difficulty slowing down.  Has poor safety awareness	

Consider any patterns that you see in terms how your observations cluster in specific areas or across every area. This is not a substitute for professional advice or therapeutic intervention. However, this checklist can guide you on areas of concerns that can be supported using the Body Activated Learning exercises and framework for activity planning. If a child is working with a therapeutic support team, consider sharing this information to collaborate on how you can support the child for whom you completed this form.