

YOUTUBE

FREEBIE

Sensory Classroom Checklist

for Teachers / Educators

PROPRIOCEPTION

NAME: AGE: DATE:

Check off any item that the student struggles with.

If the student struggles with the item 50% of the time or more, check it off.

If there are 2+ boxes checked in a category, it's likely the student is struggling to process that specific type of sensory input. It's recommended to provide accommodations based on sensory processing and consult with your school's OT for more testing and strategies for success.

VESTIBULAR

| Seeks out lots of movement on the playground Appears clumsy; poor balance Displays low muscle tone Challenges with visual tasks VISUAL Below age level reading / writing Stares at moving objects Squints or blinks very frequently Challenges with balance | Always on-the-go; can't sit still | Pushes too hard on writing utensil |
|---|-----------------------------------|---------------------------------------|
| Challenges with visual tasks Challenges with visual tasks Stands too closely to peers in line VISUAL Below age level reading / writing Stares at moving objects Squints or blinks very frequently Challenges with balance | playground | Bumps into things frequently |
| Squints or blinks very frequently Challenges with balance | Challenges with visual tasks | Walks while leaning against the walls |
| Squints or blinks very frequently Challenges with balance | Delever and level reading. (| 2 |
| Complains of boardachos | | Challenges with balance |

 Complains of headaches
 Difficulty with ball skill activities

 Minimal eye contact
 Challenges completing puzzles or other visual perceptual tasks

AUDITORY

Cannot follow multi-step instructions
 Asks "what?" frequently (not related to hearing loss)
 Makes excessive noises
 Avoids noisy environments
 Displays anxiety with loud or sudden noises
 Difficulty tuning out competing background noises, such as the fan

GUSTATORY, OLFACTORY, ORAL MOTOR

| Avoids areas with strong smells |
|---------------------------------|
| (bathroom, cafeteria, etc.) |

| Comments on | smells | frequently |
|-------------|--------|------------|
|-------------|--------|------------|

| Chews | or licks | non-edible | s (clothing, | hair, |
|---------|----------|------------|--------------|-------|
| pencil, | etc.) | | | |

- Noted to seek out certain flavors or textures of food
- Noted to avoid certain flavors or textures of food
 - Speech and articulation difficulties
 - Excessive drooling

TACTILE

| Displays anxiety when touched |
|---|
| Seems uncomfortable in own skin |
| Cannot tolerate messy hands / face |
| Attempts to touch everyone / everything |
| Fidgets constantly |
| Constantly touching everything and everyone to the point of bothering peers |

INTEROCEPTION

| | Difficulty identifying hunger and thirst cues |
|-----------|---|
| | Cannot make it to the bathroom in time |
| | Not toilet trained at expected age |
| | Complains of pain often, that peers do not seem to notice |
| | Cannot identify hot vs. cold temperatures |
| | Difficulties with emotional regulation |
| | Challenges making and keeping friends |
| \square | Poor impulse control |