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|  | **YES/**  **Thumbs up sign with solid fillLIKE** | **NO/**  **Thumbs Down with solid fillDISLIKE** | Use the blank boxes to add any issues not mentioned in the list. |
| **Auditory System** |  |  | Listening to music |
|  |  | Loud noises |
|  |  | Putting ears to speakers |
|  |  | Likes being quiet/being in quiet places |
|  |  | Loud, unexpected noises |
|  |  | certain sounds or noises |
|  |  | I cover my ears often |
|  |  | rooms where sounds echo |
|  |  | noisy environments such as playgrounds |
|  |  | low background noises e.g. buzzing lights or electrical equipment |
|  |  | hums or sings to block out unwanted noises |
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| **Visual System** |  |  | looking at shadows, reflections |
|  |  | creating/watching visual stims eg spinning or sprinkling items |
|  |  | bubbles/dripping water |
|  |  | playing with my saliva/spitting |
|  |  | turning lights on or off |
|  |  | lining up objects |
|  |  | strong sunlight/bright light |
|  |  | eye contact |
|  |  | I struggle to scan the environment for an item |
|  |  | touching specific colours |
|  |  | going up and down stairs |
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| **Olfactory system**  (smell) |  |  | strong smells/scents |
|  |  | smearing faeces |
|  |  | Doesn’t notice strong or bad smells |
|  |  | smells objects or people |
|  |  | smells food before eating it |
|  |  | particular smells make them feel sick |
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|  | **YES/**  **Thumbs up sign with solid fillLIKE** | **NO/**  **Thumbs Down with solid fillDISLIKE** | Use the blank boxes to add any issues not mentioned in the list. |
| **Tactile system** |  |  | using my hands to explore objects |
|  |  | mouthing objects |
|  |  | tickles |
|  |  | being stroked |
|  |  | stroking pets or people |
|  |  | close contact |
|  |  | deep pressure to calm me down |
|  |  | laying on hard floors |
|  |  | squeezing into small spaces |
|  |  | messy/wet play |
|  |  | being barefoot |
|  |  | being naked |
|  |  | having showers |
|  |  | having hair washed |
|  |  | having a bath |
|  |  | touch or contact |
|  |  | being too close to others |
|  |  | having my hand held |
|  |  | crowds or groups |
|  |  | certain clothing or textures |
|  |  | holding utensils, tools or implements |
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| **Gustatory system**  (taste) |  |  | strong or spicy tastes |
|  |  | eats non-edible items |
|  |  | to lick objects or people to interact |
|  |  | wide variety of foods |
|  |  | restricted diet |
|  |  | only eat cold food |
|  |  | only eat soft foods |
|  |  | only eat dry foods |
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|  | **YES/**  **Thumbs up sign with solid fillLIKE** | **NO/**  **Thumbs Down with solid fillDISLIKE** | Use the blank boxes to add any issues not mentioned in the list |
| **Vestibular system**  (balance) |  |  | fast moving activities e.g. swings, roundabouts |
|  |  | climbing/being up high |
|  |  | sports and active games |
|  |  | spinning, jumping, bouncing and/or running |
|  |  | shaking my head fast/rocking when sitting or standing |
|  |  | craves movement |
|  |  | riding a bicycle or scooter |
|  |  | car/public transport because it makes me feel sick |
|  |  | balancing activities |
|  |  | being upside down/tilting my head |
|  |  | busy environments full of movement |
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| **Proprioceptive system**  (position and movement of body) |  |  | rough and tumble play |
|  |  | frequent jumping |
|  |  | falling and crashing |
|  |  | head banging |
|  |  | walking on tip toes |
|  |  | constantly chews/grinds teeth |
|  |  | fidgets |
|  |  | sedentary activities |
|  |  | exerts very little pressure when holding objects |
|  |  | struggle to position my body |
|  |  | struggle to sit in chair upright |
|  |  | I lean on things or bump into things |
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