

SENSORY AND ACADEMIC PROFILE (SAP)  
 ADOLESCENT TO ADULT (AGES 12+)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child or do you display any of the following behaviors:

**F= Frequently**

**S= Sometimes**

**N= Never**

<b>TACTILE</b>				<b>COMMENTS</b>
1. Dislike being touched by other people:	F	S	N	_____
2. Like being massaged:	F	S	N	_____
3. Dislike showers or being splashed:	F	S	N	_____
4. Seems to be more sensitive to pain than others:	F	S	N	_____
5. Avoids hands in messy things:	F	S	N	_____
6. Seems excessively ticklish:	F	S	N	_____
7. Bothered by tight or restrictive clothing: (turtlenecks, undergarments, pantyhose)	F	S	N	_____

<b>SMELL</b>				<b>COMMENTS</b>
1. Has many allergies:	F	S	N	_____
2. Reacts strongly to smells: (e.g. perfume, cleaning products,)	F	S	N	_____
3. Dislikes furniture, cloths, etc. with smells:	F	S	N	_____
4. Prefers foods with strong taste:	F	S	N	_____

<b>AUDITORY</b>				<b>COMMENTS</b>
1. Becomes easily distracted with noises:	F	S	N	_____
2. Has trouble listening or concentrating when background noise is present:	F	S	N	_____
3. Unable to follow 2-3 verbal directions when given at once:	F	S	N	_____
4. Seems to have trouble understanding what is being said:	F	S	N	_____
5. Oversensitive to sounds/noise:	F	S	N	_____

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<b>VISUAL</b>				<b>COMMENTS</b>
1. Difficulty with interpreting drawings or comics:	F	S	N	_____
2. Loses place when reading:	F	S	N	_____
3. Becomes easily distracted with visual stimulation:	F	S	N	_____
4. Bothered by bright lights: (e.g. blink a lot, rub eyes, fatigue)	F	S	N	_____
5. Trouble following traffic signs while driving:	F	S	N	_____
6. Trouble with following a moving object:	F	S	N	_____
7. Difficulty putting puzzles together:	F	S	N	_____

<b>VESTIBULAR</b>				<b>COMMENTS</b>
1. Seeks fast moving activities/sports:	F	S	N	_____
2. Gets motion sickness:	F	S	N	_____
3. Avoids fast moving amusement park rides:	F	S	N	_____
4. Fearful of heights:	F	S	N	_____
5. Has/had difficulty learning to ride bike:	F	S	N	_____
6. Difficulties with balance:	F	S	N	_____
7. Difficulty merging onto freeway (adults):	F	S	N	_____
8. Difficulty walking on uneven surfaces:	F	S	N	_____

<b>PROPRIOCEPTION</b>				<b>COMMENTS</b>
1. Poor/weak grasp; frequently drops things:	F	S	N	_____
2. Poor posture; slumps in chair:	F	S	N	_____
3. Clumsy or bumps into things a lot:	F	S	N	_____
4. Difficult judging amount of force needed to perform a task:	F	S	N	_____
5. Difficulty finding objects in purse, pocket, or backpack without looking:	F	S	N	_____
6. Difficulty licking ice-cream cone:	F	S	N	_____
7. Tires easily with physical activity or writing:	F	S	N	_____
8. Difficulty with sitting still and not moving frequently in chair:	F	S	N	_____
9. Tends to be a slow eater:	F	S	N	_____
10. Has difficulty learning exercises or dances that have several steps:	F	S	N	_____

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<b>SOCIAL &amp; EMOTIONAL</b>				<b>COMMENTS</b>
1. Becomes easily frustrated:	F	S	N	_____
2. Strong desire for sameness or routine:	F	S	N	_____
3. Lack self-confidence:	F	S	N	_____
4. Prefers to be alone:	F	S	N	_____
5. Experiences anxiety or panic attacks:	F	S	N	_____

Do you experience difficulties with any of the following:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Reading             | <input type="checkbox"/> Following Directions | <input type="checkbox"/> Remembering Information |
| <input type="checkbox"/> Math                | <input type="checkbox"/> Sleep                | <input type="checkbox"/> Paying Attention        |
| <input type="checkbox"/> Spelling            | <input type="checkbox"/> Sitting still        | <input type="checkbox"/> Finishing Tasks         |
| <input type="checkbox"/> Handwriting         | <input type="checkbox"/> Sports               | <input type="checkbox"/> PE or Exercise          |
| <input type="checkbox"/> Organization skills |   |  |

How concerned are you about the above checked problems:

- Not Concerned       Moderately Concerned       Very Concerned

How would you say the above checked problems interfere with your daily life:

- Not at all       Slightly Interferes       Moderately Interferes       Greatly Interferes

Comments/Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_