

SENSORY AND ACADEMIC PROFILE (SAP)  
AGES 5-12

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Has or does your child display any of the following behaviors:

**F= Frequently**

**S= Sometimes**

**N= Never**

<b>TACTILE</b>				<b>COMMENTS</b>
1. Has trouble keeping hands to self; likes to touch, poke, or push others:	F	S	N	_____
2. Seems oversensitive to touch; pulls away:	F	S	N	_____
3. Doesn't like tags in clothing:	F	S	N	_____
4. Is a picky eater; prefers foods of same texture and temperature:	F	S	N	_____
5. Avoids putting hands in messy substances: (e.g. dough, clay, finger paint, mud)	F	S	N	_____
6. Has poor awareness of pain or temperature; especially around the mouth:	F	S	N	_____
7. Does not do well in crowded, busy, or group situations: (e.g. malls, circle time, standing in lines)	F	S	N	_____
8. Seems unaware of being touched or bumped:	F	S	N	_____
9. Doesn't like tight or restrictive clothing:	F	S	N	_____
10. Has difficulty with seasonal temperature changes:	F	S	N	_____

<b>SMELL</b>				<b>COMMENTS</b>
1. Negative behavioral changes or gets sick with cleaning days (same day or next day):	F	S	N	_____
2. Prefers items to be non-scented: (e.g. laundry soap, lotions, bath soap)	F	S	N	_____
3. Dislikes strong smells:	F	S	N	_____
4. Dislikes new toys or clothing because of smell:	F	S	N	_____
5. Has excessive need to smell items or people:	F	S	N	_____
6. Has many allergies:	F	S	N	_____

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<b>AUDITORY</b>				<b>COMMENTS</b>
1. History of repeated ear infections:	F	S	N	
2. Is distracted by noises; seems to hear noises that go unnoticed by others:	F	S	N	
3. Covers ears frequently:	F	S	N	
4. Speaks in a loud voice:	F	S	N	
5. Hums or sings to screen out noise:	F	S	N	
6. Has trouble following 2-3 step commands:	F	S	N	
7. Delayed speech development:	F	S	N	
8. Doesn't respond consistently to verbal clues:	F	S	N	
9. Is hard to understand when he/she speaks:	F	S	N	

<b>VISUAL</b>				<b>COMMENTS</b>
1. Often loses place when reading:	F	S	N	
2. Has difficulty naming or matching colors, shapes, or sizes:	F	S	N	
3. Prefers solid patterns over distracted patterns:	F	S	N	
4. Often squints:	F	S	N	
5. Is unable to read/scan across page without losing place:	F	S	N	
6. Has strong visual memory:	F	S	N	
7. Pays attention to details but has difficulty seeing the whole:	F	S	N	
8. Has trouble coordinating eyes for following a moving object or catching a ball:	F	S	N	
9. Has difficulty putting puzzles together:	F	S	N	
10. Prefers darker setting; doesn't like bright light:	F	S	N	
11. Hesitates going up/down stairs:	F	S	N	
12. Reverses words or letters (after 1 <sup>st</sup> grade):	F	S	N	
13. Has difficulty copying: (e.g. from blackboard to paper)	F	S	N	

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<b>VESTIBULAR</b>				<b>COMMENTS</b>
1. Unable to sit still; is in constant motion:	F	S	N	_____
2. Hesitant to go up or down stairs:	F	S	N	_____
3. Loves rollercoaster rides:	F	S	N	_____
4. Hesitant moving over uneven surfaces: (e.g. hiking over uneven ground)	F	S	N	_____
5. Seems to fall frequently:	F	S	N	_____
6. Loves swinging, jumping, or spinning:	F	S	N	_____
7. Has difficulty learning to catch a ball:	F	S	N	_____
8. Avoids play activities that involve a lot of movement:	F	S	N	_____
9. Gets motion sickness:	F	S	N	_____
10. Avoids or has difficulty with activities that require balance:	F	S	N	_____
11. Difficulty learning to ride bike:	F	S	N	_____

<b>PROPRIOCEPTION</b>				<b>COMMENTS</b>
1. Frequently drops objects/poor grasp:	F	S	N	_____
2. Exerts too little or too much pressure with objects (e.g. frequently breaks crayons, pencils or writes too light or too hard):	F	S	N	_____
3. Likes to be under thick/heavy blankets:	F	S	N	_____
4. Does not like to sleep with light off:	F	S	N	_____
5. Does not like doing tasks with eyes closed:	F	S	N	_____
6. Seems weaker or tires more easily than other children their age:	F	S	N	_____
7. Does not like foods that require a lot of of chewing:	F	S	N	_____
8. Hopping, jumping, skipping is difficult:	F	S	N	_____
9. Appears stiff, awkward, or clumsy:	F	S	N	_____
10. Walks on toes:	F	S	N	_____
11. Writes with tongue hanging out:	F	S	N	_____
12. Confuses right from left:	F	S	N	_____
13. Has trouble pumping self on swing:	F	S	N	_____
14. Does not like to participate in sports or physical activities:	F	S	N	_____
15. Poor posture (slumps when sitting/standing):	F	S	N	_____
16. Difficulty with drawing, copying, or cutting:	F	S	N	_____
17. Has difficulty learning new motor tasks:	F	S	N	_____
18. Difficulty with dressing tasks (e.g. tying shoes, buttoning, cloths on/off):	F	S	N	_____
19. Hand dominance not well established:	F	S	N	_____

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Has or does your child display any of the following behaviors:

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<b>SOCIAL &amp; EMOTIONAL</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>COMMENTS</b>
1. Has difficulty with a change in routines:	F	S	N	_____
2. Does not like to play in groups- often plays on the outskirts:	F	S	N	_____
3. Is easily frustrated:	F	S	N	_____
4. Has frequent mood-swings, outbursts or tantrums:	F	S	N	_____
5. Tends to be impulsive or accident prone:	F	S	N	_____
6. Avoids eye contact:	F	S	N	_____
7. Has difficulty expressing needs:	F	S	N	_____
8. Has difficulty getting along with other children:	F	S	N	_____

Does your child 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/difficulties interfere with your child's daily life:

- Not at all                       Slightly Interferes                       Moderately Interferes                       Greatly Interferes

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