



EXCEL

Pediatric Therapy

789 Justin Road • Rockwall, TX 75087 • 972-771-5731

Sensory Survey for Infants/Toddlers

Infants

1. Dislikes touch or cuddling, arches back when held? Y or N
2. Doesn't develop a regular sleeping pattern? Y or N
3. Doesn't develop a regular feeding schedule? Y or N
4. Dislikes tummy time, has trouble lifting head? Y or N
5. Delayed milestone development? Y or N
6. Gets fussy in a car seat and/or baby swing? Y or N
7. Takes an unusually long time to nurse or bottle feed? Y or N
8. Excessive need to suck?(increases feeds, relies on pacifier) Y or N
9. Acts overly sensitive to loud sounds or bright lights? Y or N

Toddlers/Preschoolers

1. Several temper tantrums a day, behavior extremes? Y or N
2. Difficulty getting to sleep or staying asleep? Y or N
3. Does not explore playground? Y or N
4. Speech delays or difficult to understand? Y or N
5. Very picky eater? Y or N
6. Gross and fine motor delays? Y or N
7. Difficulty separating from parent? Y or N
8. Disconnected from environment? Y or N
9. Unusually high or low activity level? Y or N

If you answered YES to 4 or more of these questions, your child could be at risk for Sensory Processing Disorder. Please call our office at (972)771-5731 to get more information or set up an evaluation.