Sensory Survey

Does your child...

1. Hate having her hair washed, brushed, or cut?  Y or N  
2. Have “selective hearing” or difficulty listening?  Y or N  
3. Resist certain foods/textures, “picky eater”?  Y or N  
4. Complain about tags or “itchy clothes”?  Y or N  
5. Touch others too hard/”not know his own strength“?  Y or N  
6. HATE or LOVE being tickled or cuddled?  Y or N  
7. Tend to be clumsy or fall a lot?  Y or N  
8. Always run or walk on tiptoes?  Y or N  
9. Have trouble focusing/concentrating?  Y or N  
10. Act overly sensitive to loud sounds or bright lights?  Y or N  
11. Chew on everything? (shirt, erasers, nails, etc.)  Y or N  
12. Have poor fine motor skills? (writing, cutting, etc.)  Y or N  
13. Have difficulty dressing himself?  Y or N  
14. Have trouble transitioning?  Y or N  
15. Refuse to or insist on going barefoot?  Y or N  
16. Express feelings of low self-esteem?  Y or N  
17. Exhibit learning difficulties?  Y or N  
18. Demonstrate compulsive behaviors?  Y or N  
19. Have problems with sleep?  Y or N  
20. Have poor organizational skills?  Y or N  

If you answered YES to 8 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.