



EXCEL

Pediatric Therapy

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

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.