

Why do you think a sensory assessment is required?:-

Is the child displaying any emotional outbursts?:-

Is this assessment to contribute towards an Education and Health Care Plan (EHCP)?

Please complete the following pages to indicate difficulties with function:-

Sensory Skills

Area of Skills	Yes	No	Comments
Over sensitive to stimulation			
Distracted in the classroom or busy environments.			
Over sensitive to touch / textures			
Constantly moving			
Difficulty learning new motor tasks			
Avoid visual / auditory stimulation			
Uses inappropriate force when handling objects			
Responds inappropriately to pain			

Fine Motor Skills

Area of Skill	Yes	No	Comments
Difficulty with handwriting			
Difficulty using two hands together			
Difficulty manipulating objects			

Self-Care Skills

Area of Skills	Yes	No	Comments
Difficulty dressing/undressing			
Difficulty with feeding			
Difficulty using cutlery			

Posture & Positioning

Area of Skills	Yes	No	Comments
Difficulty maintaining upright posture when sitting.			
Difficulty keeping still when sitting			

Visual Perceptual skills

Area of Skills	Yes	No	Comments
Difficulty with colour recognition			
Difficulty with shape recognition			
Difficulty with puzzle skills			
Difficulty with organisation			
Difficulty matching & copying			
Difficulty with orientation e.g. letter reversals			
Difficulty sequencing activities			

Further Comments:-

Once Completed Please Return to:

Occupational Therapy, IDS, Lancaster House, Exhall Grange Campus, Easter Way, Coventry, CV9 7HP