

Sensory Processing Disorder Test

Patient information	
Name:	Date of birth:
Gender: Male Female Other:	
Date of assessment:	Referring physician:
Medical history:	
Sensory profile	
A. Modulation	
1. Sensory over-responsivity	
Examples:	
Severity:	
<input type="checkbox"/> Mild Moderate Severe	
2. Sensory under-responsivity	
Examples:	
Severity:	
<input type="checkbox"/> Mild Moderate Severe	
3. Sensory seeking	
Examples:	
Severity:	
<input type="checkbox"/> Mild Moderate Severe	
B. Discrimination	
1. Auditory discrimination	
Examples:	
Severity:	
<input type="checkbox"/> Mild Moderate Severe	

2. Visual discrimination

Examples:

Severity:

Mild Moderate Severe

3.. Tactile discrimination

Examples:

Severity:

Mild Moderate Severe

Sensory processing patterns

A. Sensory cravings

1. Auditory cravings:

2. Visual cravings:

3. Tactile cravings:

B. Sensory avoidance

1. Auditory avoidance:

2. Visual avoidance:

3. Tactile avoidance:

Functional impact

A. Activities of daily living

Examples:

Impact:

Mild Moderate Severe

B. Social participation

Examples:

Impact:

Mild Moderate Severe

C. Academic performance

Examples:

Impact:

Mild Moderate Severe

Observation and behavioral assessment

A. In the clinic setting:

B. Parent / Caregiver questionnaires:

Recommendations

A. Sensory diet:

B. Environmental modifications:

C. Therapeutic interventions:

Follow-up plan

Provider signature: _____ **Date:** _____