

# Sensory Processing Disorder Test

Patient information	
Name:	Date of birth:
Gender:      Male      Female      Other:	
Date of assessment:	Referring physician:
Medical history:	
Sensory profile	
<b>A. Modulation</b>	
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>B. Discrimination</b>	
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:** \_\_\_\_\_