**SEND SUPPORT*ED***

SENSORY OBSERVATIONS

**Name:……………………………………………………………….**

**Date of birth: ……………………………………………….…….**

**Completed by: …………………………………………………….**

**Date completed: ……………………………………...…………..**



Adapted from ANALYSIS OF SENSORY BEHAVIOUR INVENTORY Moreton & Wolford 1994

by Leonie Berry and Jo Steele. Vii 29/07/20

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| PROPRIOCEPTIVE SYSTEM (STRENGTH) | | | |
| Receptors for proprioception are in the muscles, skin and joints. An efficient proprioceptive system provides us with an unconscious awareness of our body including:-   * position of body parts; * relation of body parts to each other and to other people and objects; * memory of movement; * how much force is necessary to perform an action; and * information for motor planning (the ability to create, organise and sequence motor actions).   Proprioception is a powerful form of sensory input which can counter over responsiveness in other systems. It helps increase alertness and decrease anxiety. Proprioception has a calming, organising effect on the nervous system. | | | |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| Exerts too much or too little pressure when handling objects/people |  |  | Will crash into things. Runs at things and too rough with little sister. |
| Difficulty positioning limbs, eg for dressing, pedalling a bike |  |  |  |
| Has trouble pouring and carrying without spilling |  |  |  |
| Frequently moves quickly and struggles to slow down and move slowly |  |  |  |
| Gives firm hugs |  |  |  |
| Enjoys tumbling or wrestling games |  |  |  |
| Props body up and/or leans against furniture for stability |  |  |  |
| Lacks strength on tasks requiring resistance eg climbing, carrying heavy items, opening heavy doors, unscrewing tight jar lids |  |  |  |
| Is clumsy/accident prone, bumps into things or breaks things |  |  |  |
| Slow/poor at eating chewy or crunchy foods |  |  |  |
| Walks on toes |  |  |  |

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| BALANCE (VESTIBULAR SYSTEM) | | | |
| The vestibular system provides information about movement, gravity and changing head position; it tells us the direction and speed of our movement. We develop our relationship to the Earth through the vestibular system, beginning before birth. Even with eyes closed we can determine if we are vertical or horizontal. Accurate processing of vestibular information is crucial to effective vision, posture, balance, movement and self-regulation. Vestibular input can organise or arouse the nervous system depending on the nature of the activity. Over exposure to highly arousing vestibular input, especially rotation, can cause over stimulation and should be monitored closely. Follow arousing vestibular activity with a calming proprioceptive or deep pressure, tactile experience. | | | |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| SEEKING, HYPOSENSITIVITY | | | |
| Rocks – now or when a baby |  |  |  |
| Bounces, jumps, always on the go |  |  |  |
| Likes to be tipped upside down |  |  |  |
| Likes physical games and being thrown about in play |  |  |  |
| Spins |  |  |  |
| Likes fast rides or roundabouts |  |  |  |
| Fearless of movement |  |  |  |
| Loses balance easily |  |  |  |
| Difficulty with sitting balance |  |  |  |
| Needs movement, frequently stands up and sits down |  |  |  |
| Unable to adjust posture to match task |  |  |  |
| Difficulty moving on uneven or unstable surfaces |  |  |  |
| AVOIDING, HYPERSENSITIVE | | | |
| Gets motion sickness |  |  |  |
| Reluctant to climb or take feet off the ground |  |  |  |
| Dislikes moving equipment such as escalators, see-saws, roundabouts, swings, lifts |  |  |  |
| Fear of heights |  |  |  |
| Turns whole body to look at you |  |  |  |
| Resists or becomes disorientated after change in head position/movement |  |  |  |

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| TOUCH (TACTILE SYSTEM) | | | |
| We are always actively touching or passively being touched by something. The tactile sense, together with proprioception, contributes to our awareness of our body in space. Two components make up the tactile sense:   1. **The protective / defensive system** Deep pressure (eg hugs) generally calms and organises the system and light touch is generally alarming (eg tickling). We learn to inhibit sensations that do not matter and to tolerate trifling touches that would have irritated us in infancy. 2. **The discriminative system.** Tactile discrimination gives us information about what we are touching – such as temperature and texture. The out of sync child does not develop efficient discrimination and will have difficulty using tactile information for increasingly complex purposes, such as learning at school.   **Over-registering of tactile information**  The child who over-registers touch (ever-alert) tends to respond negatively and emotionally to unexpected light touch sensations, including the anticipation of being touched. Perceiving most touch sensations to be uncomfortable, scary or outright terrifying, the child over responds with a fight, flight, fright or freeze response. They may wrestle in your arms as you try to dress them, wriggle out of their car seat/clothes and may kick, punch or scream at anyone who comes too close for comfort.  **Under-registering of tactile information**  The child who under-registers touch may not respond to touch effectively enough to do a good job of self- protection. They may seem unaware of touch altogether unless the touch is very intense. Some children who under-register tactile information impulsively touch things to seek out additional stimulation. They crave more skin contact than most. They might explore surfaces and textures that are uncomfortable to most, get too close to other people and take delight in messy play and muddy puddles in an insistent and persistent manner.  The child with tactile disorder lacks good body awareness and may have difficulty adjusting to the introduction of a new tactile experience. | | | |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| SEEKING, HYPOSENSITIVY | | | |
| Seeks deep pressure by squeezing between furniture or bumping into people |  |  |  |
| Seeks out hugs or relaxes when given firm touch |  |  |  |
| Constantly touches or mouths non-food objects |  |  |  |
| Likes body to be covered |  |  |  |
| Likes to be wrapped tightly in a sheet or blanket |  |  |  |
| Oblivious to injuries to self |  |  |  |
| Oblivious to food on hands or around face |  |  |  |
| Unaware of temperature extremes |  |  |  |
| AVOIDING, HYPERSENSITIVITY | | | |
| Dislikes or overreacts to touch or physical contact |  |  |  |
| Appears anxious when in close proximity to others |  |  |  |
| Strongly dislikes touch to the hair, teeth or face |  |  |  |
| Strong reactions to textures in foods |  |  |  |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| Rubs the spot that was touched or continues to complain |  |  |  |
| Overreacts to small injuries or being bumped/knocked |  |  |  |
| Dislikes having nails cut |  |  |  |
| Avoids using hands |  |  |  |
| Dislikes messy play |  |  |  |
| Overreacts to temperature differences |  |  |  |
| Dislikes rigid or tight clothing or new shoes |  |  |  |
| Overreacts to clothing tags and seams |  |  |  |
| Removes shoes and or clothing |  |  |  |

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| INTEROCEPTION | | | |
| Interoception is the sense that helps you feel what is going on inside your body, such as knowing if your heart is racing, you are hungry, full, hot, cold, thirsty, nauseous, fatigued or in pain. If you understand what you are feeling, you can act to meet your need effectively. Sensory processing difficulties (unresponsive to sensations or failing to discriminate between sensations) may make it difficult for the brain to make sense of interoception information. Internal sensations may be perceived as so overwhelming that it is hard to make sense of what they mean, or otherwise they may not be registered at all. Without being able to interpret internal body sensations, a person may not be able to tell such things as when they are feeling pain or have a full bladder; and they may struggle to feel and understand emotions, making self-regulation challenging and also impacting on the ability to read another person’s physical and emotional cues. | | | |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| Is aware of feeling hungry and/or thirsty |  |  |  |
| Routinely takes part in mealtimes |  |  |  |
| Recognises Early Warning Signs (the first signs of worry or anxiety) |  |  |  |
| Recognises the need to go to the toilet |  |  |  |
| Normal milestones met with toilet training |  |  |  |
| Does complain of headaches/tummy aches/etc if feeling unwell |  |  |  |
| Removes jumper/coat in hot weather and wears a coat when it is cold |  |  |  |

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| HEARING (AUDITORY SYSTEM) | | | |
| In noisy environments we can usually filter out unnecessary background noise and focus on relevant auditory information - some children may not be able to do this. They may have a poor ability to filter foreground and background information and prioritise key information for their task. They may experience poor discrimination between sounds and become overwhelmed by a wall of unfiltered noise that hits them. A noise that others may not notice can become the sole focus of their attention; this may simply be a source of distraction to them, alternatively it could cause them physical discomfort and distress. When sensory input becomes too intense, and possibly painful, the child learns to shut off sensory channels and withdraw. Some children create their own noise to block out the unwanted sound, making it difficult to recognise the auditory hypersensitivity.  Children with auditory hypersensitivity, who can find noise intrusive and unwanted, may be able to tolerate noise made by themselves – and can be noisy children. It is easier to cope with your own predictable noise rather than unpredictable noise made by others. It is important to consider the person’s auditory environment and be aware of the possibility that the young person is hearing things that other people are not registering.  To address **Auditory Hypersensitivity,** audit the auditory environment, then consider making adaptations to, or withdrawing the young person from, any adverse auditory stimuli. Flooding the senses with identified calming experience can dampen the effect of the challenging noise. | | | |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| SEEKING, HYPOSENSITIVE | | | |
| Does not notice loud noises |  |  |  |
| Gravitates towards objects which make a sound |  |  |  |
| Fails to respond when name is called |  |  |  |
| Voice volume is too high or too low |  |  |  |
| AVOIDING, HYPERSENSITIVE | | | |
| Disturbed by unexpected or loud noises |  |  |  |
| Creates noise to screen out auditory input |  |  |  |
| Notices noises that others do not |  |  |  |
| Not able to screen out background noise and attend |  |  |  |
| Covers ears with hands |  |  |  |
| Behaviour problems are significantly reduced in quiet environments |  |  |  |
| Reactions are triggered by sounds |  |  |  |

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| VISION (VISUAL SYSTEM) | | | |
| The eye is stimulated by light and sends information about colour, movement, proximity, facial expressions and body language to the brain. This helps us define boundaries as we move through time and space. The visual system has a strong relationship with the vestibular system. The vestibular system influences the development of eye movements, including tracking and focusing. Together the two systems help the body maintain an upright posture.  **Over-registering of visual information (visual hypersensitivity)**  Children who over-register visual input may respond very differently, either becoming withdrawn or hyperactive in busy, colourful, brightly lit environments. A busy visual environment may often be a noisy auditory environment also and this may create a dual trigger for the child. This will cause difficulty in engaging in a busy classroom environment.  **Under-registering of visual information (visual hyposensitivity)**  Children who under-register visual input may seek additional visual stimulation by holding objects close their eyes or flicking their fingers in front of their face. Under-processing of visual input may affect the ability to recognise, predict and respond appropriately in social situations. This can result in the young person becoming inflexible and upset by situations, more easily than others.  Over-registering or under-registering may result in not understanding the meaning and usefulness of visual information and this can lead to inappropriate responses. | | | |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| SEEKING, HYPOSENSITIVITY | | | |
| Looks very closely at pictures or objects |  |  |  |
| Dislikes having eyes covered |  |  |  |
| Engaged by spinning, bright or reflecting objects |  |  |  |
| Flicks lights on and off |  |  |  |
| Looks out of the corner of the eye or squints |  |  |  |
| Frequently watches repetitive movements such as flipping pages of a book or automatic door opening and closing |  |  |  |
| Manipulates objects or moves hands and fingers close to face |  |  |  |
| Intense eye contact |  |  |  |
| AVOIDING, HYPERSENSITIVITY | | | |
| Chooses to be in the dark |  |  |  |
| Dislikes bright light |  |  |  |
| Becomes over stimulated in cluttered environments |  |  |  |
| Often turns off regular lighting for activities |  |  |  |
| Frequently covers eyes, squints, likes to wear sunglasses |  |  |  |
| Gives limited eye contact |  |  |  |

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| TASTE & SMELL (GUSTATORY & OLFACTORY SYSTEMS) | | | |
|  | YES | NO | ANY ADDITIONAL INFORMATION |
| SEEKING, HYPOSENSITIVITY | | | |
| Seeks out strong or odd flavours |  |  |  |
| Exhibits pica (eats non-food items) |  |  |  |
| Explores objects by licking |  |  |  |
| Explores objects by smelling |  |  |  |
| Does not respond to unpleasant odours |  |  |  |
| AVOIDING, HYPERSENSITIVITY | | | |
| Gags easily |  |  |  |
| Primarily eats bland foods |  |  |  |
| Preoccupied by normal odours |  |  |  |
| Notices or reacts to odours that others do not notice |  |  |  |