

**SENSORY AND ACADEMIC PROFILE (SAP)
INFANT AND TODDLER**

Child's Name: _____ Date: _____ Age: _____ Grade: _____

Person completing this form: _____

Has or does your child display any of the following behaviors:

F= Frequently

S= Sometimes

N= Never

TACTILE				COMMENTS
1. Distressed when having face/hair washed:	F	S	N	_____
2. Distressed when clothed or unclothed:	F	S	N	_____
3. Constantly pulls or rubs on clothing:	F	S	N	_____
4. Dislikes cuddling- pulls away or arches:	F	S	N	_____
5. Low or no response to pain: (bumps, falls, shots, burns, etc.)	F	S	N	_____
6. Dislikes messy play/textures:	F	S	N	_____
7. Is a picky eater; prefers foods of consistent texture:	F	S	N	_____

SMELL				COMMENTS
1. Exhibits excessive need to smell objects: (always smells new toys/people)	F	S	N	_____
2. Has many allergies:	F	S	N	_____
3. Behavior or health issues after using household cleaning products or pesticides:	F	S	N	_____
4. Dislikes toys with a strong smell:	F	S	N	_____
5. Is a poor eater:	F	S	N	_____
6. Eats non-edible items: (crayons, chalk, etc)	F	S	N	_____

AUDITORY				COMMENTS
1. Becomes upset with common sounds: (vacuuming, toilet flushing, music, hairdryer)	F	S	N	_____
2. Enjoys/repeats loud sounds: (toilet flushing, loud hollow places)	F	S	N	_____
3. Covers ears to screen out sounds:	F	S	N	_____
4. Doesn't respond to verbal cues: (1 yr (+) with no hearing deficit)	F	S	N	_____
5. Easily distracted by common noises: (refrigerator, furnace, etc.)	F	S	N	_____

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VISUAL				COMMENTS
1. Is sensitive to bright lights/sunlight:	F	S	N	_____
2. Avoids eye contact:	F	S	N	_____
3. Cannot pay attention with more than one food item or toy in view:	F	S	N	_____
4. Becomes distressed in crowded, bustling places such as restaurant, mall, or supermarket:	F	S	N	_____

VESTIBULAR				COMMENTS
1. Is in constant motion- running, rocking, unable to sit still for activities:	F	S	N	_____
2. Dislikes being swung in air, swings, or merry-go-rounds:	F	S	N	_____
3. Craves swinging or moving upside down:	F	S	N	_____
4. Absent or brief crawling before walking:	F	S	N	_____
5. Poor balance, clumsy: (1 yr. +)	F	S	N	_____
6. Bangs head against couch, wall, etc.:	F	S	N	_____
7. Fearful or hesitant walking over uneven or changing surfaces (e.g. grass to cement):	F	S	N	_____
8. Avoids playground/park activities: (slides, swings, etc.)	F	S	N	_____

PROPRIOCEPTION (1 yr. +)				COMMENTS
1. Seems to tire easily:	F	S	N	_____
2. Has a weak grasp:	F	S	N	_____
3. Likes to be held, swaddled, or snuggled:	F	S	N	_____
4. Difficulty falling asleep and staying asleep:	F	S	N	_____
5. Likes heavy blankets/covers:	F	S	N	_____
6. Dislikes eyes covered or eyes closed activities:	F	S	N	_____
7. Easily breaks toys; seems destructive: (15 months +)	F	S	N	_____

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LANGUAGE & DEVELOPMENTAL	F	S	N	COMMENTS
1. Very little or no vocalizing or no babbling by 1 yr:	F	S	N	_____
2. Uses 3-word phrases (24 mos+):	F	S	N	_____
3. Uses pronouns (24 mos +): (mine, me, you, and I):	F	S	N	_____
4. Kicks ball (24 mos +):	F	S	N	_____
5. Holds cup securely (24 mos +):	F	S	N	_____
6. Points to named objects/pictures:	F	S	N	_____
7. Jumps off floor with both feet (24 mos +):	F	S	N	_____

SELF REGULATION	F	S	N	COMMENTS
1. Excessively irritable, fussy or colicky:	F	S	N	_____
2. Can't calm self by sucking on pacifier, playing with toys, or listening to caregiver: (10 months +)	F	S	N	_____
3. Dislikes change; can't change from one activity to another without distress.	F	S	N	_____

How concerned are you about the above checked problems:

Not Concerned Moderately Concerned Very Concerned

How would you say the above checked problems/difficulties interfere with your child's daily life:

Not at all Slightly Interferes Moderately Interferes Greatly Interferes

Comments/Concerns: _____

