SENSORY AND ACADEMIC PROFILE (SAP)
ADOLESCENT TO ADULT (AGES 12+)

Patient Name:_____ Date:_____ Age:_____ Grade:_____

Person Completing this form:_____

Does your child or do you display any of the following behaviors:

F= Frequently **S= Sometimes** **N= Never**

TACTILE				**COMMENTS**
1. Dislike being touched by other people:	F	S	N	_____
2. Like being massaged:	F	S	N	_____
3. Dislike showers or being splashed:	F	S	N	_____
4. Seems to be more sensitive to pain than others:	F	S	N	_____
5. Avoids hands in messy things:	F	S	N	_____
6. Seems excessively ticklish:	F	S	N	_____
7. Bothered by tight or restrictive clothing: (turtlenecks, undergarments, pantyhose)	F	S	N	_____

SMELL				**COMMENTS**
1. Has many allergies:	F	S	N	_____
2. Reacts strongly to smells: (e.g. perfume, cleaning products,)	F	S	N	_____
3. Dislikes furniture, cloths, etc. with smells:	F	S	N	_____
4. Prefers foods with strong taste:	F	S	N	_____

AUDITORY				**COMMENTS**
1. Becomes easily distracted with noises:	F	S	N	_____
2. Has trouble listening or concentrating when background noise is present:	F	S	N	_____
3. Unable to follow 2-3 verbal directions when given at once:	F	S	N	_____
4. Seems to have trouble understanding what is being said:	F	S	N	_____
5. Oversensitive to sounds/noise:	F	S	N	_____

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VISUAL				**COMMENTS**
1. Difficulty with interpreting drawings or comics:	F	S	N	_____
2. Loses place when reading:	F	S	N	_____
3. Becomes easily distracted with visual stimulation:	F	S	N	_____
4. Bothered by bright lights: (e.g. blink a lot, rub eyes, fatigue)	F	S	N	_____
5. Trouble following traffic signs while driving:	F	S	N	_____
6. Trouble with following a moving object:	F	S	N	_____
7. Difficulty putting puzzles together:	F	S	N	_____

VESTIBULAR				**COMMENTS**
1. Seeks fast moving activities/sports:	F	S	N	_____
2. Gets motion sickness:	F	S	N	_____
3. Avoids fast moving amusement park rides:	F	S	N	_____
4. Fearful of heights:	F	S	N	_____
5. Has/had difficulty learning to ride bike:	F	S	N	_____
6. Difficulties with balance:	F	S	N	_____
7. Difficulty merging onto freeway (adults):	F	S	N	_____
8. Difficulty walking on uneven surfaces:	F	S	N	_____

PROPRIOCEPTION				**COMMENTS**
1. Poor/weak grasp; frequently drops things:	F	S	N	_____
2. Poor posture; slumps in chair:	F	S	N	_____
3. Clumsy or bumps into things a lot:	F	S	N	_____
4. Difficult judging amount of force needed to perform a task:	F	S	N	_____
5. Difficulty finding objects in purse, pocket, or backpack without looking:	F	S	N	_____
6. Difficulty licking ice-cream cone:	F	S	N	_____
7. Tires easily with physical activity or writing:	F	S	N	_____
8. Difficulty with sitting still and not moving frequently in chair:	F	S	N	_____
9. Tends to be a slow eater:	F	S	N	_____
10. Has difficulty learning exercises or dances that have several steps:	F	S	N	_____

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SOCIAL & EMOTIONAL				**COMMENTS**
1. Becomes easily frustrated:	F	S	N	_____
2. Strong desire for sameness or routine:	F	S	N	_____
3. Lack self-confidence:	F	S	N	_____
4. Prefers to be alone:	F	S	N	_____
5. Experiences anxiety or panic attacks:	F	S	N	_____

Do you experience difficulties with any of the following:

❑ Reading
❑ Math
❑ Spelling
❑ Handwriting
❑ Organization skills
❑ Following Directions
❑ Sleep
❑ Sitting still
❑ Sports
❑ Remembering Information
❑ Paying Attention
❑ Finishing Tasks
❑ PE or Exercise

How concerned are you about the above checked problems:

❑ Not Concerned ❑ Moderately Concerned ❑ Very Concerned

How would you say the above checked problems interfere with your daily life:

❑ Not at all ❑ Slightly Interferes ❑ Moderately Interferes ❑ Greatly Interferes

Comments/Concerns: _____
_____
_____
_____