



Sensory Inventory Form

Tell us more about your child . . .

NAME: _____

What kinds of things does your child enjoy? (activities, cartoons, toys, etc.)

Please check activities your child enjoys:

- | | |
|---|--|
| <input type="checkbox"/> Drawing & coloring | <input type="checkbox"/> Looking at books |
| <input type="checkbox"/> Finger painting | <input type="checkbox"/> Video games |
| <input type="checkbox"/> Jumping & running | <input type="checkbox"/> Board games |
| <input type="checkbox"/> Swinging | <input type="checkbox"/> Dress up |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Songs and singing |
| <input type="checkbox"/> Building blocks | <input type="checkbox"/> Other _____ |

Which of the following activities would your child find unpleasant:

- | | |
|--|---|
| <input type="checkbox"/> Messy activities | <input type="checkbox"/> Reading aloud |
| <input type="checkbox"/> Crowded places | <input type="checkbox"/> School work |
| <input type="checkbox"/> Circle time | <input type="checkbox"/> Loud, sudden noises |
| <input type="checkbox"/> Water activities | <input type="checkbox"/> Songs and singing |
| <input type="checkbox"/> Games with lots of movement | <input type="checkbox"/> Conversation |
| <input type="checkbox"/> Swings, slides, merry-go-rounds | <input type="checkbox"/> Smells |
| <input type="checkbox"/> Hats or masks | <input type="checkbox"/> Team sports |
| <input type="checkbox"/> Climbing stairs | <input type="checkbox"/> Writing and/or drawing |
| <input type="checkbox"/> Taking shoes off | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bright lights | _____ |

Please share anything else you think would help us provide the best environment for your child.
