



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

Which of the following would your child find unpleasant?

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

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