

# Sensory Integration Symptom Checklist

## for Infants to Pre-K

*All children exhibit some of the following difficulties at times. It is important to separate the occasional concerns from the persistent concerns and not worry about an isolated incident, which may be insignificant for the child as a whole.*

### Infants

Trouble with nursing and sucking or digesting

Resistance to cuddling and body contact

Cries with car rides or needs excessive movement to calm or fall asleep

Excessive crying and irritability

Lack of response to sounds; excessive response to sounds

Trouble following movements with eyes

Absence of creeping or crawling

Fearful of movement, rocking or diaper changes

Startles more than expected

Inconsolable without colicky symptoms apparent

Lack of cooing and babbling

Unusually quiet or inactive

### Pre-School Years

Inability to follow directions

Impulsive and uncontrolled behavior

Highly stressed with changes in plans and routines & with transitions

Can't sit still in circle time or resists sitting with the group

Constant fidgeting, shifting body position or lying on the floor vs. sitting upright

Fear of swings and slides, or excessive craving for this type of intense movement **without regard for safety**

Plays rough with others; heavy hands vs. gentle hands with people or toys

Frequent falls and tendency to bump into things

Purposeless hyperactivity

Highly stressed & emotionally reactive

Unusually quiet or inactive

Excessive craving for objects in mouth, or licking/biting

Severely limited food choices; gagging/vomiting with certain food textures; excessive drooling

Constant interruption and persistent talking

Excessive repetition in speaking

Tendency to be fearless, climbing counters and large playground equipment with no concern for safety

Lack of performance with fine motor skills- drawing, coloring, attention to detail and task completion

Fearful of loud sounds or doesn't notice name called

Overwhelmed in a stimulating environment (i.e.- school, party)

Aversion to hair brushing, toothbrushing, tight clothes, jeans, socks, underwear, and/or shoes

*Please contact our office staff if you have concerns about your child's abilities and/or overall performance. We would be happy to assist you in determining if an occupational therapy evaluation is necessary.*