



**TRAFFORD  
COUNCIL**



**Pennine Care**  
NHS Foundation Trust

# INFORMATION

## OCCUPATIONAL THERAPY ADVICE

### Sensory Pre-Referral Graded Approach

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## PURPOSE OF THIS PACK

This pack has been developed for those working with children in schools and/or at home with potential sensory difficulties. The aim is to help identify which senses may be impacted upon and why this may result in the child having difficulties dealing with certain sensory stimulus and/or environments and why an individual may present with certain behaviours. This information pack will not provide a diagnosis for a child but instead will guide you to support a child to develop coping strategies to better manage their sensory needs or to inform a more comprehensive assessment.

The pack contains advice on:

- The senses
- How an individual might present who is over or under responsive
- Calming and alerting strategies

If after using the advice provided in the pack the child still continues to have difficulties regulating sensory information to a point that it impacts upon their ability to participate in daily activities; then it may be appropriate for the child to be referred to occupational therapy for further evaluation. A referral will only be accepted if it meets the referral criteria and the correct referral documentation has been completed. A referral documentation pack is available at the end of this document on pages 32-43, incomplete or referrals that do not meet the criteria will be rejected.

## Referral Criteria

To meet the threshold for a referral a child must meet the following criteria:

- The child must present with having difficulties in two or more sensory areas
- Be aged 5-18 and in education
- The child must have two or more of the following: Trafford School, Trafford Residence, Trafford GP
- Sensory difficulties that impact upon the child's function and ability to participate in daily activities

The referral must include evidence of the following prior to being accepted:

- Parental consent gained prior to referral being made (signed on referral form).
- Evidence that pre-advice (strategies/interventions) have been followed in school for a full term/12 weeks. Relevant evidence record sheets and referral documentation are attached at end of this pack.

Please feel free to contact the department if you have any questions, comments or suggestions about the pack at:

**Trafford Children's Therapy Service**  
**1<sup>st</sup> Floor, Waterside House, Sale Waterside,**  
**Sale, Manchester, M33 7ZF**  
**Tel: 0161 912 4335 / 4495**  
**Email: [pcn-tr.tctsNoReply@nhs.net](mailto:pcn-tr.tctsNoReply@nhs.net)**

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## Sensory Service Pathway Pre-School Age (Under 5)

### Referral Criteria:

- The individual must present with having difficulties in two or more sensory areas
- Aged below 5 years.
- The individual must have two or more of the following: Trafford School, Trafford Residence, Trafford GP
- Sensory difficulties that impact upon the individual's function and ability to participate in daily activities
- Parental consent gained prior to referral being made (signed on referral form).

### Referrals can be made via:

- A referral for an initial sensory assessment can be made by a medical professional or SENCO.
- Review - If the child has previously had a sensory assessment from the service a request for a review can be made via school/parents if the child is presenting with a new functional need from previous assessment.

Referrer to complete the appropriate referral documentation (service referral with signed parent consent, checklist, parent and/or education questionnaires).

**Incomplete referrals will be rejected until all completed documentation is received to the service.**

Referrals will be considered and a decision made whether input is appropriate or required.

Sensory assessment agreed and accepted into the service.

Review sensory assessment accepted.

Sensory assessment not agreed by service. Parents and referrer notified that request has been declined.

Sensory Processing Measure (SPM) or Sensory Profile (SP) Questionnaires forwarded to parents and/or pre-school setting (if involved) to complete prior to appointment being provided.

Occupational Therapist to complete telephone triage to discuss appropriate environment for observation.

Once the questionnaires are returned to the service the Occupational Therapist will interpret results.

Occupational therapist to complete pre-school and/or home observation to outline potential sensory difficulties.

OT sensory assessment report (with recommendations) written and distributed to parents and/or education setting.

Meeting arranged with parents and/or education setting to explain and discuss recommendations.

Education setting and/or parents to continue with recommendations and advice provided in the report and episode of care will be closed. The child may be re-referred by parents/education if there is an impact by a new functional need.

## Sensory Service Pathway School Age (5+)

### Referral Criteria:

- The individual must present with having difficulties in two or more sensory areas
- Be aged 5-18 and in education
- The individual must have two or more of the following: Trafford School, Trafford Residence, Trafford GP
- Sensory difficulties that impact upon the individual's function and ability to participate in daily activities
- Parental consent gained prior to referral being made (signed on referral form).
- Evidence that pre advice (strategies/interventions) has been followed in for a school a full term/12 weeks.



### Referrals can be made via:

- Initial referral - Medical Professional or SENCO: via the graded approach pathway.
- Review - If the child has previously had a sensory assessment from the service a request for a review can be made via school/parents if the child is presenting with a new a functional need from previous assessment.



Referrer to complete the appropriate referral documentation (service referral with signed parent consent, checklist, supplementary sheets to evidence strategies implemented, parent and school questionnaires).  
**Incomplete referrals will be rejected until all completed documentation is received to the service.**



Referrals will be considered and a decision made whether input is appropriate or required.



Initial sensory assessment agreed and referral accepted into the service, alongside evidence of graded approach from school.



Review sensory assessment agreed and referral accepted into the service. Outlining new functional need in order to meet requirement for review.



Sensory assessment not agreed by service. Parents and referrer notified that request has been declined.



Sensory Processing Measure (SPM) or Sensory Profile (SP) Questionnaires forwarded to parents and School to complete prior to appointment being provided.



Once the questionnaires are returned to the service the occupational therapist will interpret results.



Occupational therapist to complete school and/or home observation to outline potential sensory difficulties.



OT sensory assessment report (with recommendations) written and distributed to parents and school.



Meeting arranged in school with parents and suitable representative from school (Teacher, TA, SENCO) to explain and discuss recommendations and how they can be best implemented.



School and Parents to continue with recommendations and advice provided in the report and episode of care will be closed. The child may be re-referred by parents/education setting if there is an impact by a new functional need.

## Checklist

This checklist is intended to be used as a tool and a guide in becoming more aware and understanding a child's sensory needs and differences. This is **not** a diagnostic tool, nor is the number of areas that you check off an indicator of a sensory disorder.

The checklist includes many of the most common sensory preferences and differences, and is divided into categories based on the sensory system and how the brain and nervous system may process the input. After completion, take note of the categories where you have checked off the most items (significant difficulty rather than checking 1 or 2 items). This will help guide you in determining the sensory systems that may need the most attention and support.

You should use the pack to locate the advice and strategies that apply to the area outlined as a potential difficulty or sensitivity; e.g. if a child presents with the majority of checked items in tactile over-responsive/avoiding you should refer to the tactile over-responsive/calming strategies section of the booklet (page 16).

Written by Angie Voss, OTR (ASensoryLife.com) Copyright 2014 – Sensory Difference Awareness Checklist

Child's Name ..... D.O.B ..... School: .....

### Tactile Input

#### Over-responsive/Tactile Avoiding (page 16)

- Becomes fearful, anxious or aggressive with light or unexpected touch
- As an infant, did/does not like to be held or cuddled; may arch back, cry, or pull away
- Distressed with nappy changes
- Appears fearful, or avoids standing in close proximity to other people or peers (especially in lines or crowds)
- Becomes frightened when touched from behind or by someone / something they cannot see (such as under a blanket)
- Complains about having hair brushed
- Bothered by rough bed sheets (example: old and "bumpy")
- Avoids group situations for fear or unexpected touch
- Resists friendly or affectionate touch from anyone besides parents or siblings (and sometimes them to)
- Dislikes kisses, will "wipe off" the place where kissed
- A raindrop, water from a shower, or wind blowing on the skin produces an adverse response or avoidance reaction
- Overreacts to minor cuts, scrapes, and/or bug bites
- Avoids touching certain textures of material (blankets, rugs, stuffed animals)
- Refuses to wear new or stiff clothes, clothes with rough textures, turtlenecks, jeans, hats, or belts
- Avoids using hands for play or approaches with a closed fist
- Avoids or dislikes messy play such as mud, glue, or finger paints
- Avoids getting messy with food textures
- Distressed by dirty hands and wants to wipe or wash them frequently
- Excessively ticklish
- Distressed by seams in socks and may refuse to wear them
- Distressed by clothes rubbing on skin; may want to wear shorts and short sleeves year round, toddlers may prefer to be naked or pull nappies and clothes off constantly
- Distressed about having face washed
- Distressed with haircuts, nail trimming
- Resists brushing teeth, may be extremely fearful of the dentist
- Refuses to walk barefoot on grass or sand
- Walks on toes on new surfaces or textures

**Tactile**  
**Under responsive/Tactile Seeking (page 16)**

- Craves touch or needs to touch everything and everyone
- Is not aware of being touched/bumped unless done with extreme force or intensity
- Is not bothered by injuries and shows no distress with painful stimuli
- Not aware that hands or face are dirty or the feeling his/her nose running
- Frequently hurts other children or pets while playing
- Repeatedly touches surfaces or objects that are soothing
- Seeks out surfaces and textures that provide strong tactile feedback
- Thoroughly enjoys and seeks out messy play
- Craves vibration

**Vestibular (Movement)**  
**Over-responsive/Vestibular Avoiding (page 22)**

- Avoid/dislikes playground equipment which involves movement; slides, swings
- Prefers seated/inactive tasks, moves slowly and cautiously, avoids taking risks
- Avoids/dislikes elevators and escalators
- Physically clings to an adult they trust
- Appears terrified of falling even when there is no real risk
- Afraid of heights; even the height of a curb or step
- Fearful of feet leaving the ground
- Gets carsick easily
- Fearful of going up or down stairs or walking on uneven surfaces
- Afraid of being tipped upside down, sideways or backwards
- Startles if someone else moves them
- As an infant, did not like baby swings or jumpers
- Fearful or have difficulty riding a bike, jumping, hopping, balancing
- As an infant, disliked being on tummy
- Loses balance easily and may appear clumsy
- Fearful of activities which require good balance
- Avoids rapid or rotating movements

**Vestibular (Movement)**  
**Under-responsive/Vestibular Seeking (page 22)**

- In constant motion, can't seem to sit still
- Craves fast, spinning, and/or intense movement experiences
- Loves being tossed in the air
- Can spin for hours and never appears to be dizzy
- Always jumping on furniture, trampolines, spinning in swivel chair
- Loves being in upside down positions
- Loves to swing as high as possible and for long periods of time
- Is a thrill seeker, dangerous at times
- Always running, jumping, hopping instead of walking
- Rocks body, shakes leg, or moves head while sitting

**Proprioception (Body Awareness)**  
**Under-responsive/Proprioception Seeking (page 19)**

- Seeks out jumping, bumping, and crashing activities
- Stomps feet when walking
- Has a limp, 'floppy' body
- Frequently slumps, lies down, or leans head on hands or arm while at desk or table
- Frequently cracks knuckles
- Loves to be wrapped tight in blankets\*\*
- Loves 'tight' and small spaces\*\*
- Enjoys bear hugs\*\*
- Bumps into things/appears clumsy
- Difficulty turning doorknobs, handles, opening and closing items
- Often sits in a "W" position on the floor
- Excessive banging on/with toys and objects
- Loves wrestling and rough play\*\*
- Frequently falls intentionally
- Grinds teeth
- Loves pushing, pulling, dragging objects
- Frequently hits, bumps, or pushes other children
- Difficulty regulating pressure when writing or drawing, too light or too hard
- Often rips paper when erasing
- Complains about objects being too heavy
- Does not understand the meaning of too heavy or too light
- Seems to do everything with too much force (slamming doors)
- Plays with animals with too much force, often hurting them

\*\*Deep pressure touch is also an influencing component

Over registration and proprioception avoiding is very rare, therefore this section only has one category.

**Auditory**  
**Over-responsive/Auditory Avoiding (page 29)**

- Distracted by sounds not normally noticed by others; humming of lights, clocks ticking
- Fearful of the sound of a flushing toilet, vacuum, hairdryer, dog barking
- Startled or distracted by loud or unexpected sounds
- Distracted by environmental sounds such as lawn mower, trucks
- Frequently asks others to be quiet, to stop talking or singing
- Runs away or covers ears with loud or unexpected sounds
- Refuses or does not like to go to cinema, crowded environments, school halls
- Finds some voices to be very disturbing, dislikes loud laughter

**Auditory**  
**Under-responsive/Auditory Seeking (page 29)**

- Often does not respond to verbal cues or to name being called
- Makes noise just to make noise
- Loves excessively loud music or TV
- Oblivious to certain sounds
- Appears confused about where a sound is coming from
- Little or no babbling or vocalising as an infant
- Says "what?" frequently, needs directions/instructions repeating

**Oral Sensory**  
**Over-responsive/Oral Sensory Avoiding (page 25)**

- Picky eater, extreme food preferences
- Only eats “soft” or pureed foods past 24 months of age
- Gags with textured foods
- Extremely fearful of the dentist
- Dislikes toothpaste and teeth brushing
- Prefers bland foods
- Only eats certain textures, sensitivities to hot and cold foods, resists trying new foods

**Oral Sensory**  
**Under-responsive/Oral Sensory Seeking (page 25)**

- Mouths objects excessively past the age of two
- Bites or sucks on fingers
- Has difficulty with sucking, chewing, and swallowing
- Licks or chews on inedible objects
- Prefers food with intense flavours
- Excessive drooling
- Frequently chews on hair, shirt, or fingers
- Seeks vibration to the mouth
- Prefers excessively spicy, sweet, sour, or salty foods

**Olfactory (Smell)**  
**Over-responsive/Olfactory Avoiding (page 24)**

- Reacts negatively to smells which do not usually bother others
- Tells others people how bad or funny they smell
- Refuses to eat certain food because of the smell
- Offended or nauseated by bathroom odours or personal hygiene smells
- Bothered by smell or perfume, deodorant, aftershave
- Bothered by household or cooking smells

**Olfactory (Smell)**  
**Under-responsive/Olfactory Seeking (page 24)**

- Will smell an entire room including objects and walls before interacting
- Unable to identify smells from scented stickers/pens
- Does not notice odours that others usually complain about
- Excessive use of smelling when introduced to objects, people, or places
- Use smells to interact with others

**Visual**  
**Over-responsive/Visual Avoiding (page 27)**

- Sensitive to bright lights, possibly headaches from the light
- Easily distracted from other visual stimuli in the room
- Has difficulty in bright colourful rooms
- Rubs eyes or has watery eyes after reading or looking at a screen
- Avoids eye contact
- Enjoys playing in the dark

**Visual**  
**Under-responsive/Visual Seeking (page 27)**

- Craves bright and colourful (often busy and cluttered) spaces
- Loves to line things up
- Loves to look at spinning objects
- Enjoys looking at shiny objects

# The Senses

As many of you will be aware there are 5 main senses:

- **Sight (Visual)**
- **Smell (Olfactory)**
- **Touch (Tactile)**
- **Taste (Gustatory)**
- **Hearing (Auditory)**

When referring to sensory processing there are an additional three senses, these include:

- **Vestibular** - *This sense relates to the inner ear function and response to head movements. The information carried to the brain outlines the direction an individual is moving (forward, backwards, side to side etc.) If the information is carried effectively this sensory information assists the body in carrying out planned movements while maintaining balance.*
- **Proprioception** – *This sense relates to an individual's body awareness and ability to navigate movements around an environment. Sensory feedback is provided through muscles, joint, ligaments etc. Having an awareness of where our bodies are in spaces allows individuals to plan and coordinate actions without the need for input from the additional senses. For example being able to put an arm into a coat or foot into a shoe without looking.*
- **Interoception** – *This sense is not as well known, it relates to sensory feedback from inside the body and organs. For example the feedback from the stomach to inform the individual they are full/hungry; or that an individual may feel anxious due to their heart beating faster.*

## What is Sensory Processing?

Sensory processing is used to explain how an individual's brain collects, interprets and processes sensory information to allow the individual to participate in daily activities.

Problems will tend to present with an individual's sensory processing if the senses are not working effectively or if the pathways from the sensory receptors to the brain are damaged or have not been fully established through early development.

In these situations an individual may find it difficult to regulate the incoming sensory information and respond inappropriately; either being under-responsive with no or little response or being over-responsive and being over-whelmed by the sensory input.

## Additional Online Resource

Additional information on the theory behind sensory processing and sensory integration is available via the following websites:

**Sensory Integration Network -**

[www.sensoryintegration.org.uk](http://www.sensoryintegration.org.uk)

**The National Autistic Society -**

[www.autism.org.uk](http://www.autism.org.uk)

**STAR Institute for Sensory Processing Disorder -**

[www.spdstar.org](http://www.spdstar.org)

**Sensory Processing Disorder Resources Centre -**

[www.sensory-processing-disorder.com](http://www.sensory-processing-disorder.com)

## Over-Responsive & Under-Responsive

In some situations you may find that the child may respond inappropriately to a sensory stimulus. They may shout out when touched, or wretch at the sight or smell of foods. This would be described as an individual being over-responsive to the sensory stimuli and therefore responding in a way that would not be described as a typical response. Over-responsive means the child has a low threshold to certain sensory experiences and are sensitive to the smallest input which may result with an inappropriate response.

In comparison an individual who is under-responsive may fall over and cut their knee but will not respond as being in pain or aware they have hurt themselves. They may not feel changes in temperature (hot or cold). The individual may keep their jumper on when it is a hot day; they may not recognise or feel hot but may physically appear to be sweating or over-heating.

It is common that a child can fluctuate throughout the day between being under and over-responsive. In other situations it may be identified that a child only presents with needs in one environment e.g. at home but not in school. It may be that during school the individual is able to self-regulate and suppress their sensory input during day due to the strategies and routines put in place. However at night when they return home and experience a less structured and un-timetabled environment they can become overwhelmed and find it challenging to cope with the sensory input; therefore may participate in sensory seeking or avoiding behaviours.

It is therefore essential that those involved with the child have an awareness of the coping strategies that are implemented across both the school and home settings to support the individual; even if they may not present with sensory behaviours in all environments. Two diagrams are attached below to explain how a child may present and why they may respond in a certain way to sensory information.

## Self-regulation

Self-regulation refers to an individual's cognitive ability to recognise incoming information and respond appropriately, while making ongoing alterations to thoughts, behaviours, strategies and actions. Bundy et al (2002) defines self-regulation as the "Adaptability during daily unstructured tasks; sustained concentration and ability to divide attention between two or more focused tasks; task completion; and ability to monitor own behaviours in context before it becomes a problem."

If an individual is finding it challenging to regulate their sensory input due to sensory processing difficulties then they may require additional support and strategies to support self-regulation. This pack aims to support those working with children to implement these potential strategies. An individual with self-regulation difficulties may present with; difficulty accepting changes to routines and transition, become easily frustrated, impulsive, quick/unexpected mood changes, avoids eye contact, prefers repetitive familiar play, difficulty calming themselves, difficulty with sleep routine and distress relating to falling to sleep and waking.

## Just Right Engine

*"How Does Your Engine Run?"*

*The Alert Program® for Self-Regulation*

**Developed by two internationally known Occupational Therapists, Mary Sue Williams and Sherry Shellenberger.**

All individuals are expected to fluctuate throughout stages of arousal throughout the day/night; an appropriate level of arousal will be to stay between the green and amber levels. If an individual has difficulty processing sensory information then they may find it challenging to stay between these levels and may spend more time over or under stimulated by sensory information. An individual who is under-responsive may be slow, sluggish and switch off from tasks. An individual who is over-responsive may be in a meltdown and over whelmed stage, where they are struggling to regulate their incoming sensory information to a point that they cannot cope with the situation.

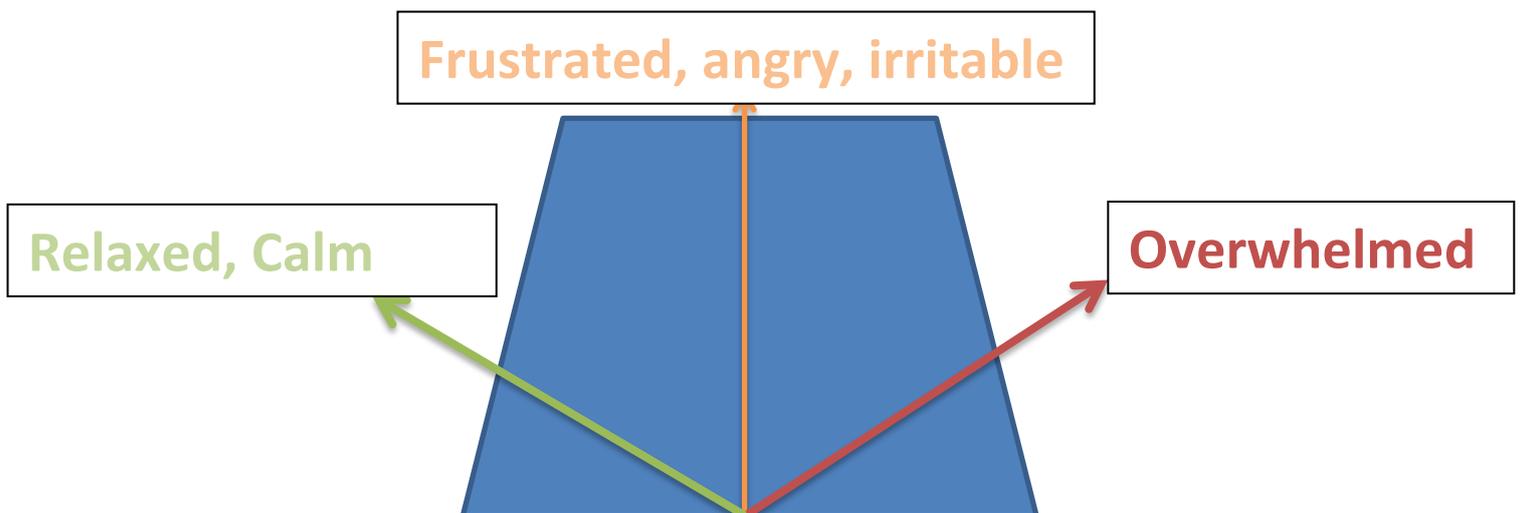
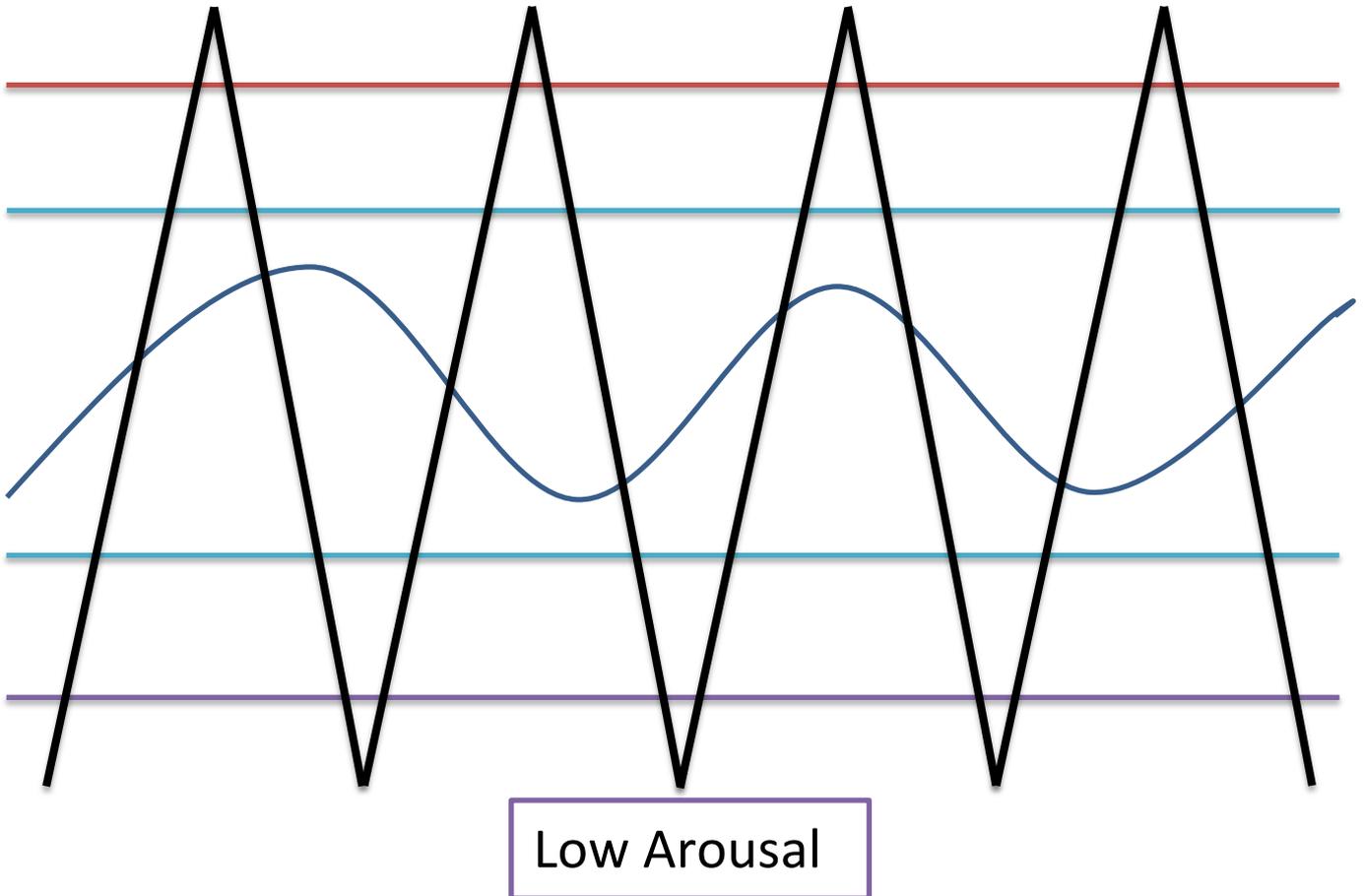


Diagram based on Just Right Engine Theory – "How Does Your Engine Run" William and Shellenberger

## Window of Tolerance

High Arousal



### Key:

Individual **without** difficulty processing sensory information



Individual **with** difficulty processing sensory information



Diagram based on the Window of Tolerance – by M. Dezelic, 2013.

This diagram aims to help understand individuals who struggle to regulate their levels of arousal in response to sensory information:

- The blue line represents an individual without difficulty who is able to maintain an even level of arousal throughout the day with minimal increases and decreases in responses to sensory stimuli.
- The black line represents an individual with difficulties processing sensory information. This line reflects a more extreme fluctuation in level of arousal in response to sensory stimulus; spending more time in the high and low threshold than within the normal range.

## Tactile System (Touch)

The tactile system covers a range of different types of touch including:

- Temperature - ability to regulate temperature.
- Pain
- Pressure
- Vibration
- Body position (proprioception)
- Crude touch - sense that something has touched them without being able to locate where they body been touched.
- Discriminative touch - also known as fine touch, ability to sense and locate where they have been touched.
- Protective touch links to; pain, temperature and light touch and alerts to potentially trigger the fight or flight response.

### How might an individual present who is over-sensitive/responsive to tactile input?

These individuals may present with the following behaviours:

- May avoid messy play, will touch only with finger tips for minimal contact and will want to wash hands during or immediately after activities.
- Will avoid or dislikes eating foods with fingers/hands.
- Constantly touching or feeling objects around them.
- May dislike certain textures of foods.
- May avoid brushing hair or teeth.
- Dislikes hair being cut or touched.
- Child avoids crowds or dislikes busy times such as lunch or assembly.
- Avoid potential contact from others; locates themselves at the edge of groups, dislike of being bumped into or brushed passed. May become distressed or upset from minimal or light touch.
- May dislike being barefoot or certain clothing textures, may be irritated by seams and labels in clothing. May dislike getting dressed or undressed or will remove clothing.
- May have poor social/emotional relationships as dislikes being touched e.g. being hugged or kissed.
- Touch may be perceived as a threat and may respond with physical or verbal aggression or appear startled/alarmed.
- Dislike or avoid sand play, finger painting, glue, baking etc.
- Overreacts if falls over in playground.
- Sleep may be impacted due to bed liner or blanket textures.

## How might an individual present who is under-sensitive/responsive to tactile input?

These individuals may present with the following behaviours:

- May appear not to be aware or respond to touch, if bumped into may be unaware.
- Clothing may be back-to-front, twisted or shoes on the wrong feet.
- After eating may have messy face and hands but will not appear to notice.
- Difficulty with manual dexterity or fine motor tasks such as gripping and manipulating scissors or pencils.
- May fall over and appear to hurt themselves but does not appear to react.
- May have cuts and bruises that find difficult to explain as may not have noticed when has happened.
- Seeks out touch, craves hugs, or may touches objects constantly within their environment.
- Difficulty manoeuvring around their environment may bump into tables or doorways.

# Tactile Strategies

## Calming Strategies – Over-Responsive

### Predictable/Slow/Soft Touch:

- Weight-bearing activities, press-ups, 4-point kneeling.
- Play dough activities – deep pressure, kneading and rolling, pressing with biscuit cutters.
- Using dry (sand, rice) or wet (water) textures for play.
- Avoiding using or mixing multiple textures when playing or with foods.
- Alter the environment; allow the child to go earlier or later at busy times of the day. E.g. changing in lessons, lunch or assembly.
- Thinking of where the individual is placed in the class environment to reduce the likelihood of being bumped into or brushed passed.
- Having a peg or drawer at the end of a row. Seating the child towards the edge of a table or classroom rather than next to a through passage for the other children.
- Modifying arts and craft activities to allow alternatives; using tools such as glue paddle, paint brush. This may encourage a child to participate more within these tasks allowing to build up participation.
- The use of heavy work (proprioception) activities prior to busy times of the day to help reduce anxieties or impact of tactile activity or experience.
- Avoid light touch, use firm pressure when touching the individual.
- Avoid approaching from behind as child may be startled if touched without warning.

## Alerting Strategies – Under Responsive

### Unexpected/Fast/Rough Touch:

- Using light touch soft objects such as feathers.
- Making foods with mixed textures.
- Use play dough with a range of textures, hide objects in the play dough.
- Using sticky/slimey textures such as foam, wet sand etc. Games such as hiding objects for the child to find.
- Use of fidget toys – varying or firm textures.
- Encourage participation in tactile experiences; messy play, sand/water play and finger painting.
- Encourage working with a range of material and textures; sand paper, tissue paper, wool, cotton wool, pasta and other dried foods.
- Use of a feel box – place objects inside of box with a hole for the child to place their hand to feel the objects and guess what it is without visibly seeing.

## Proprioception System (Body Awareness)

The proprioception system is how an individual perceives their own body image and their ability to locate their body in space. The body image is developed through feedback provided by the individual's muscles and joints. Having this body awareness allows an individual to plan, sequence and complete movements correctly. An effective Proprioception system is required to time and sequence movements in a graded and coordinated action. Proprioception interlinks closely with the vestibular system, when these senses are integrated they aid body awareness, balance and motor-control.

### **An individual who has an impaired Proprioception system may present with:**

- Poor motor planning and praxis.
- Avoid completing tasks, especially complex and refined gross motor actions e.g. playing sports.
- May appear clumsy and fall over frequently.
- Find planning actions such as coordinating stairs or sitting down on a chair challenging.
- Have impaired concept of force (too little/too much) and participate in rough play or regularly bump into things.
- May have been delayed with their development e.g. late crawler and walker.

### **How might an individual present who is over-sensitive/responsive to proprioception input?**

These individuals may present with the following behaviours:

- It is very uncommon that an individual will present with being over-responsive as proprioception is useful for being both calming and alerting.
- The use of proprioception techniques is useful as a calming technique to override other sensory systems.

### **How might an individual present who is under-sensitive/responsive to proprioception input?**

These individuals may present with the following behaviours:

- The individual may constantly seek out movement or proprioceptive information which may be described as "Sensory Seeking". They may fidget on their seat or shift their body position and limbs.
- They may find it challenging to stand or sit still.
- Appear or described as heavy handed or struggling to grade force; impacts upon handwriting – increased pressure put through pen/pencil, bumping into other children during P.E.
- Finds P.E. challenging, ball games, climbing, using equipment and apparatus.
- Finds it difficult to plan action or movement of limbs, benefits from looking at limbs and hands to control movements. e.g. looking at hand

when using pen/pencil. Looking at feet when riding bike or coordinating pedalling action.

- Chewing down hard on objects such as buttons, pens, sleeves, clothing (inedible hard objects).
- Difficulty sitting on the carpet.
- Child described as heavy handed; throws ball too hard, gives really firm hugs.
- Seeks extra movement, will crash onto the floor and/or constantly jumps.
- High pain threshold does not appear to respond to pain.
- Participates in rough play, may break toys without meaning to.
- Finds activities that require co-ordination challenging to complete e.g. riding bike, swimming, team sports.
- Appears to have low tone (floppy) or weak muscles.

# Proprioception Strategies

## Calming Strategies – Over-Responsive

### Joint compression/heavy resistance:

- Resistance activities – pulling, pushing, carrying objects.
- Lifting items with some weight, heavier shopping bag, backpack with books in (within reason for the size of the individual).
- Encouraging to complete stairs.
- Weight bearing activities – wall push ups, press ups.
- Oral chews / crunchy or chewy foods types / drinking through a straw / blowing through a straw or blowing bubbles.
- Climbing – park apparatus etc.
- Crashing onto soft mats / soft play area
- Use of therapy ball; bouncing on, rolling over and for applying light pressure.

## Alerting Strategies – Under-Responsive

### Quick change/Fast Movements:

- Jumping on trampoline.
- Incorporate proprioception activities into P.E. e.g. tug of war, wheelbarrow races, use of theraband for pulling activities (standing with both feet on the band and pulling upwards and outwards hold for approx 10 seconds).
- Chair push ups, wall presses. 4-point kneeling, kneeling press ups.
- Wearing a backpack with some weight in e.g. books, useful to use at transition times. (no more than 10% of child body weight)
- Physical sports activities – running, swimming, climbing, circuits or obstacle courses.
- Upper limb resistance activities, pressing palms together, press open palms onto desk in standing, play dough warm up tasks (pressing, squeezing and rolling). Useful to use prior to handwriting or focused work.
- Use of wheatbag or larger beanbag on lap or over shoulders during focused activities when seated. To use for short periods of time e.g during a lesson with space gaps between. Or use of leg weights – no more than 10% of body weight.
- Allow regular movement breaks during school day, to promote through the use of a task e.g. taking register or messages to office etc.
- Theraband around front two chair legs, to be off the floor to allow child to rest feet on and push through allowing some resistance.
- Use of fidget toys.
- If re-arranging classroom or chairs at end or beginning of class or assembly's to allow to assist if appropriate and when supervised.
- Oral motor activities for proprioception relating to the mouth. Jaw contains lots of proprioceptor receptors.
- Use of wobble cushion to provide additional movement feedback.
- Have a beanbag area or mats in classroom that can remove self to and crash onto if required.

## **Vestibular System (Posture, Balance and Arousal)**

The vestibular system supports individuals:

- Balance and Posture – supports in staying upright against gravity and is engaged when there is movement involving the head position, may prevent from falling over if bending down and supporting an upright posture when seated.
- Impacts upon the sleep/wake cycle and impacts arousal and attention levels.
- Controlling eye movements - supports in stabilising visual fields to participate in an action while in motion.
- Detecting head movements.

The most important thing to consider with vestibular input is the speed and quality of the movements. Carrying something heavy or regulating the rhythm of the activity. E.g. slow rhythmic movements can be calming while faster movements can be alerting.

### **How might an individual present who is under-sensitive/responsive to vestibular input?**

These individuals may present with the following behaviours:

- Moving in their seat or getting up and moving without a purpose.
- Poor sitting posture, slumping over desk or lying head on table.
- Poor balance skills and low muscle tone.
- Does not enjoy or find P.E/sports challenging.
- Often falls over, trips or stumbles.
- Difficulty with co-ordinating both sides of the body, lacks hand dominance or preference, avoids crossing mid-line, struggles with bilateral activities.
- Lack of awareness of right and left or will mix up regularly.
- Enjoys fast movements without appearing dizzy, e.g. will spin constantly on a roundabout or fast on swing with minimal impact.
- Difficulty holding head upright while seated, may rest head on hand or on table.
- Delayed or impaired balance.
- Excessive movement and spinning, enjoys spinning and watching objects spin.
- Difficulty focusing or listening without constantly moving.
- Reduced awareness of danger and may jump from high heights with minimal fear.
- Difficulty maintaining balance especially when walking on uneven surfaces.
- Poor hand eye-coordination.
- Difficulty reading and scanning.

## How might an individual present who is over-sensitive/responsive to vestibular input?

These individuals may present with the following behaviours:

- Hesitates or avoid walking downstairs.
- Gets dizzy easily.
- Gets car sick; even on short trips.
- Dislike of Rollercoasters or theme park rides.
- Dislikes climbing frames, trampolines.
- Dislikes jumping up and down or off heights, swinging, leaning backwards.
- Seek physical support from adults, holding hand when using stairs etc.
- Poor balance (static and dynamic).
- Difficulty scanning or reading.
- Poor hand eye-coordination.
- Appears to control environment to reduce vestibular input.

*There is some overlap with how an individual may present with some similarities across the areas. The easiest way to distinguish between over or under-responsiveness is that an individual who is over-responsive will avoid and resist vestibular input or movement. However an individual who is under-responsive will seek out and will enjoy moving constantly or spinning.*

# Vestibular Strategies

## Calming Strategies – Over-Responsive

### Slow/One Direction Movement:

- Linear rocking – rocking horse, chair, zuma chair.
- Slow predictable movement in linear pattern – e.g. use of park swing.
- Swimming in a planned linear pattern.
- Trampoline – rhythmic slow up and down.
- Prone (on stomach) rolling backwards and forwards over a therapy/gym ball.
- Keeping objects at or above waist height to prevent unnecessary bending, e.g. higher school draw, books and other resources.
- When travelling in a car or other transport to position so can see out of the front of the vehicle, e.g. front or middle seat of the car.
- Use of a firm supportive seat that doesn't tip to maintain feeling of safety and support for the individual, feet fully supportive flat on ground or on a stable footboard.
- Altering P.E. to reduce vestibular activities or allowing to participate in different/alternate activities if unable to avoid. Avoiding activities where feet are off the floor or rolling.
- Allow individual time when completing stairs, allowing to go first or last in line of others. To use quieter stair cases is possible.
- To have a hand rail for individuals to use when ascending or descending stairs.
- Allow individual to leave class earlier at busy times of the day e.g. between class change over, lunch-times.

### Alerting Strategies – Under-Responsive:

- Promoting gymnastics, yoga, pilates – forward rolls, positions that promote regular changes in position and challenge centre of gravity through moving head out of midline.
- Use of wobble cushion (Move'n'sit cushion)
- Placing objects nearer to the ground or below waist level to encourage bending (moving head out of midline).
- Movement breaks – allowing to stand up and alter position or to move around the room. It may be that a child needs prompting to do so by providing with a task e.g. to put something in the bin, or collect in school books at the end of the session.
- Jumping on a trampoline, faster movements.
- Running, jumping, skipping, hopping, climbing etc.
- Use of park or school apparatus – swings, slides, climbing frames.
- Rolling over or bouncing in a seated position on a therapy/gym ball.
- Wheelbarrow walks, walking on all fours.
- Promoting any physical activities in and out of school – football, sports, swimming.

*\*Caution: Do not complete unless competent or trained as altering vestibular input can have lasting effects after completed. If vestibular strategies are implemented they should be followed by calming or proprioception activity to lower arousal and regulate.*

## Olfactory System (Smell)

The olfactory system includes several functions including:

- Protection – avoiding environmental hazards e.g. chemicals/fire.
- Eating and ingestion – smell to find food, discriminating safe smells.
- Social communication – associating smells to individuals and maintaining and sustaining relationships.
- Memory – smell can be one of the most important smells to trigger memories and past experiences.

## Gustatory System (Taste)

Taste systems can help to provide a range of experiences including:

- Enjoyment and pleasure from food as well as protection from dangerous foods (chemicals).
- Taste also aids balancing bodily functions and ensuring the appropriate nutrients and vitamins are ingested.
- Recognising the changes in tastes.
- Providing protection, taste in conjunction with smell can support in the body recognising danger e.g. poisonous food, off food.
- As a result of the taste of food the gastrointestinal system can be activated, salivation, swallowing, gag reflex or regurgitation.

### How might an individual present who is over-sensitive/responsive to smell/taste input?

These individuals may present with the following behaviours:

- Individual becomes distracted by a smell or cannot focus on a task as they find the smell overpowering.
- May constantly comment on smells, cover nose from smells others may not notice.
- Avoid foods most young people would enjoy.
- Craves or gets upset by certain tastes/smells.
- Does not appear to get used to smells or tastes.
- Dislikes teeth brushing and toothpaste.
- Individual gags or has aversive response to smells/tastes.
- Individual may struggle at meal or snack times due to mixture of smells and strong smells being present.
- Dislikes foods with strong flavours, may prefer bland, plain, dry foods.
- Dislikes foods with different textures or consistencies, food with sauce or lumpy textures, wet and dry foods mixed together.
- The individual may present with a behavioural responses, may become upset, or lash out (especially if taste and smell systems associate as a threat).

## How might an individual present who is under-sensitive/responsive to smell/taste input?

These individuals may present with the following behaviours:

- Individual will constantly seek out smelling objects both foods and non-foods.
- Enjoys foods with strong tastes, e.g. spicy or sour foods.
- Will add flavours to food or mixtures of flavours, e.g. sauces, salt and pepper.
- Packs food into mouth before swallowing, large amounts appears to pocket food in mouth.
- Eats food very quickly

## Olfactory/Gustatory Strategies

### Calming Strategies – Over-Responsive:

- Use of familiar smells and tastes
- Use of smells such as lavender, camomile in stressful situations.
- Chew toys, suck/chew sweets
- Keep smells and taste familiar.
- Use of room sprays, incense, candles.
- Use of prioriception activities as explained above.
- Allow the individual to choose smells that are comforting to them, use of bracelet or wrist strap sprayed with chosen smell. Child can smell to override other unpleasant smells.
- Never force an individual if responding as being uncomfortable. To grade exposure to activities; change minimal elements; taste, texture, smell.

### Alerting Strategies – Under-Responsive:

- Using strong alerting smells such as mint, citrus, strong perfumed smells.
- When washing hands use strong smelling soaps.
- Sour sweets, popping candies, spicy, sour, citrus - strong and contrasting tastes.
- Strong smelling incense and room sprays.
- Using a mixture of contrasting smells, tastes, textures.
- Smelling pens, crack and smell stickers.
- Alternating textures of foods, crunchy & soft, hot & cold.

*\*\*Note: It is ok to have food preferences and sometimes individual just won't like food and that's acceptable and should not be forced, that does not always mean they have sensory difficulties.*

*When relating to food it may be beneficial to liaise with speech and language therapist (SALT) or dietician if already actively involved. If there is concern about poor diet or avoiding food which has resulted in loss of weight then a referral would be recommended to a dietician. If there are concerns about ability to chew, swallow, coughing at mealtimes then a referral to SALT would be recommended. It would be advised to discuss further with the child's family and signpost to their GP.*

## Oral Motor

Oral motor has many important roles including:

- Managing production of saliva
- Speech
- Feeding
- Swallowing
- Chewing
- Development of muscles in mouth, face and tongue.
- Oral motor can be supportive in self-regulating and calming as well as increasing alertness.

### How might an individual present who is under-sensitive/responsive to oral motor input?

- Individual may put non-food objects in their mouth to chew and suck; e.g. toys, buttons, clothing.
- Individual may over fill their mouth when eating.
- Individual puts food too far back in mouth, can be prone to coughing or gagging on foods.
- Individual dribbles or appears to produce excessive spit/saliva.

### How might an individual present who is over-sensitive/responsive to oral motor input?

- Individual dislikes having their teeth cleaned.
- Individual appears as a picky eater.
- Individual gags easily while eating.
- Individual avoids food based activities.

## Oral Motor Strategies

### Calming Strategies – Over-Responsive:

- Blowing bubbles
- Sucking through straw – thick drinks such as milkshakes.
- Chewing/eating crunchy food and vegetables
- Chanting / singing (auditory and oral)
- Chew toys
- Z vibes (vibrating pen)
- Use activities for under responsive as these use the proprioceptive systems to help reduce sensitivities.
- Be considerate to individuals dislikes, don't force to eat things or activities they do not enjoy or strongly dislike.

### Alerting Strategies – Under-Responsive:

- Sucking or crunching on cold foods e.g. ice, ice lollies.
- Popping candies and sour sweets
- Eating strong tastes e.g. citrus.

## Visual System (Seeing)

The purpose of our visual system is to navigate around our world and to intake social information such as faces and body language.

### Eye movement:

- Controlled by the eye muscles; these allow us to fixate on an object, scanning when reading, allow to follow trajectory of objects in motion.

### Visual processing:

- Brain's response to select and respond appropriately to input. Able to concentrate and focus without becoming distracted by other visual stimulus.

### The visual system has many functional components including:

- Clarity of vision
- Eye movements
- Colour perception
- Contrast recognition
- Figure ground discrimination
- Peripheral vision
- Visual attention
- Assigning meaning from print - needed for reading
- Object and force recognition – moving objects

### How might an individual present who is under-sensitive/responsive to visual input?

These individuals may present with the following behaviours:

- Likes to watch things that are moving/spinning, washing machine, quick spinning movements (toys).
- Will spin and watch objects.
- Stares intently at people or objects.
- Will blink repetitively or excessively.
- Closes eyes tightly when blinking.
- Squints when looking at objects.
- Brings things close to their eyes to see, holds head close to paper when reading or writing.
- Child will look at or watch objects from the corner of their eyes.

### How might an individual present who is over-sensitive/responsive to visual input?

These individuals may present with the following behaviours:

- Prefers to be in the dark or with minimal visual input.
- Becomes frustrated when trying to find objects in messy environments or varying backgrounds.
- Express discomfort to bright lights, struggles with changes in lights between environments, dislike flashing lights etc.
- Takes longer to adjust to lights and changes in lights, e.g. going inside to outside.
- Complains of headache in bright rooms or in un-natural lights – (if no medical reason).

## Visual Strategies

### Calming Strategies – Over-Responsive:

- Store clutter and objects away in labelled boxes.
- Keep colours of rooms calm and uncluttered.
- Use of soft and non-contrasting colours to decorate rooms or displays.
- To wear sunglasses and sun caps to reduce visual stimulation and sun exposure.
- Use of black out blinds at home.
- Use of visual timetables, interactive timetables where can move throughout the day.
- Use proprioception activities as explained above.
- Where possible reduce visual distractions or have set area with reduced visual stimulus for work station - use of desk screens or to position near or facing wall in class to reduce visual stimulation at focused times.
- Position child near the front of classroom, avoid facing windows if busy environment outdoors, or doorway that leads to busy corridors.
- Clearly display important information and highlight in the same area on board e.g. date and objectives in same place on the board each day.
- Provide print outs for homework or class objectives where possible, using neutral colours for text and work sheets.
- Consider lighting in the classroom, if bright fluorescent lights consider placing the child near natural light (window).

### Alerting Strategies – Under-Responsive:

- Use of bold contrasting colours.
- Use highlighters to outline important information
- Bright lighting
- Sit close to window if busy environment outdoors or near busy corridors.
- May benefit from using IT such as tablet, laptop.
- Completing mazes, dot to dots, words searches, interactive books, colour/painting by numbers.
- Provide objectives and homework where possible on bright paper or using bright text.
- Clearly display important information and highlight in the same area on board e.g. date and objectives in same place on the board.

*\*\*A child will benefit from regular visual checks to ensure no other visual issues are impacting upon their performance. Individuals with suspected difficulties with eye movement please make referral to ophthalmology.*

## Auditory System (Hearing)

The auditory system refers to the brain's ability to organise and process auditory information; recognising the frequency, tone, intensity and pitch.

More refined functions of the auditory system are to:

- Interpret sounds against background noises
- Interpreting sounds coming in both ears
- Sound localization - the ability to work out the direction of the sounds in relation to its loudness.
- Timing of auditory information (ability to fill in gaps if not heard).

### How might an individual present who is under-sensitive/responsive to auditory input?

These individuals may present with the following behaviours:

- The individual speaks in a loud voice to increase noise or drown out other noises.
- May hum constantly to increase noise or drown out other noises.
- Appears not to hear although hearing abilities outlines no formal issues.
- Seems to ignore when being spoken to, does not always respond to name being called.
- Difficulty pronouncing words.
- Trouble hearing in groups and loud environments.
- Difficulty remembering and sequencing multi-step verbal instructions.
- May appear distractible or inattentive.

### How might an individual present who is over-sensitive/responsive to auditory input?

These individuals may present with the following behaviours:

- Puts hands over ears when the noise level gets too loud within class or other environments.
- Responds negatively to loud or unexpected noises.
- May put hands over ears when unexpected or loud noises such as school bells or fire alarms activated.
- Over react to sounds not noticed by others, may be distracted by distant noises e.g. lawn mower outdoors, clock in classroom.
- Distracted by noises such as clock ticking or light buzzing.
- Finds challenging to block out background noise to focus on someone talking directly to them.
- May appear distractible or inattentive.
- Takes a lot of physical effort to concentrate.
- Behaves erratically when changing settings, swapping classrooms.

*\*\*All children should have their hearing tested regularly, if a child is suspected to have auditory issues to rule out potential issues with hearing and underlying difficulties that may contribute to difficulties. Individuals with auditory issues may present with sensory behaviours.*

# Auditory Strategies

## Calming Strategies – Over-Responsive

### Expected/Predictable Sounds:

- Low voices with predictable tones
- Use familiar and calming songs such as nursery rhymes
- Use rhythmic drumming or clapping noises, especially at transition time
- Listen to natural sounds or rhythmic songs (*60 bpm as similar to heart beat sound which calms the nervous system*).
- Respect that sensitivities can be portrayed as hurting the individual and that they may present as fearful and required reassurance.
- Warning the individual of potential noises, if aware of fire alarm, school bell at end of lesson 5 minute warning.
- Minimise auditory distractions, quiet clocks, using rugs on loud flooring to reduce excessive noise.
- Consider use ear defenders, ear plugs or sound cancelling headphones if overwhelmed regularly on an on-going basis, only use at noisy transition times so do not become dependent on using all of the time.
- Individuals to work in quieter areas when required to focus for longer lengths of times.
- Providing the individual with the choice to eat at quieter times or in a quieter room for lunch or snack times.
- Allow the individual to go into assembly or lunch first to allow them to get used to increasing noises gradually.
- Allow the individual to sit at the end of row in assembly to minimise noise.
- Allow child to leave the classroom a couple of minutes earlier to transition and avoid noisy times.
- Use of visual cues to support auditory instructions and minimise the number of verbal instructions given.

## Alerting Strategies – Under-Responsive

### Unexpected/Loud Sounds:

- Exposure to loud noises and unpredictable sounds
- Exposure to vary intonation – rising and falls in voices.
- Play music with fast changing sounds
- Call a persons name prior to speaking
- Play listening games – guess the sound
- Make sure the child is facing the front of the room or directly in front of the teacher when giving instructions.
- Give simple instructions, don't use too many words and support with visual cues.
- Speak loudly and clearly.
- Support by asking class to be quiet when giving instructions.
- Ask the individual to repeat instructions back to ensure have been heard and understood.
- Wait for the individual to process and respond to the auditory information, acknowledging that it may take longer than peers.
- Get the child to focus on the task.

## Sensory Toys/Resources

There are a range of online websites that outline useful resources and sensory toys that may be beneficial for meeting a child's sensory needs or assist in implementing strategies.

Some examples of useful toys/resources that may provide positive sensory feedback are:

- bubble machine
- bubble tube
- fibre optic toys
- colour torch
- drawing, colouring and painting
- music or musical instrument
- swing
- slide
- trampoline
- rocking horse
- climbing frame
- football
- bicycle, toy tractor, scooter etc
- paddling pool and water play toys
- sand pit
- basketball net
- textured play dough
- large gym/therapy ball
- wobble cushion
- pop up or books that include different textures or experiences

Some examples of possible suppliers:

- Early Learning Centre - <https://www.elc.co.uk/>
- Explore your senses - <http://www.exploreoursenses.co.uk/>
- Excitim - <https://www.special-needs-toys.co.uk/>
- Fledglings - <https://www.fledglings.org.uk/>
- Learning Development Aids - <https://www.ldlearning.com/>
- Rompa - <http://www.rompa.com/>
- Sensory Direct - <https://www.sensorydirect.com/>
- SenseToys - <https://www.sensetoys.com/>
- Sensory Toy Warehouse - <https://www.sensorytoywarehouse.com/>
- SpaceKraft - <https://www.spacekraft.co.uk/>
- TFH UK - <http://www.specialneedstoys.com/uk/>

**Please note:** the organisations above are not connected with Trafford Council and/or Pennine Care NHS Foundation Trust in any way. We cannot recommend any of the above organisations and accept no liability with regards to any purchases from the companies list. The list of companies provided is not exhaustive and there are alternate provides available.

## REFERENCES

Ayres, J. (2018) 'What is Sensory Intergration?' [Online] Available at: <https://www.sensoryintegration.org.uk/What-is-SI> [Accessed: 1<sup>st</sup> August 2018].

Bundy, A., Lane, S. and Murray, E. (2002). Sensory Integration Theory and Practice. 2<sup>nd</sup> Ed. Philadelphia: F. A. Davis Company, pp.439.

Dezelic, M. (2017) 'Window of Tolerance' [Online] Available at: <https://www.drmariedezelic.com/window-of-tolerance--traumaanxiety-rela> [Accessed: 1<sup>st</sup> August 2018].

Williams, M.S., and Shellenberger, S. (1994). 'How Does Your Engine Run? The Alert Programme for Self-Regulation. Alberquerque NM: Therapy-Works.

## Useful Book Resources

Understanding Your Child's Sensory Signals ..... Angie Voss  
The Out-of-Sync Child ..... Carol Stock Kranowits  
Building Bridges Through Sensory Intergration ..... Ellen Yack, Paula Aquilla & Shirley Sutton

## Appendices / Referral documents checklist

Please ensure all of the below paperwork is completed and enclosed with each referral and sent by post to –

Occupational Therapy Department  
Trafford Children's Therapy Service  
1st Floor Waterside House  
Sale Waterside  
Sale  
M33 7ZF

Incomplete referrals will not be accepted and it would be recommended that you take a copy for your records.

- Checklist: 32 – 35
- Supplementary evidence sheets: 36
- Teacher questionnaire: 37 – 38
- Parent questionnaire: 39 – 41
- Referral form: page 41 – 43

## Checklist

This checklist is intended to be used as a tool and a guide in becoming more aware and understanding a child's sensory needs and differences. This is **not** a diagnostic tool, nor is the number of areas that you check off an indicator of a sensory disorder.

The checklist includes many of the most common sensory preferences and differences, and is divided into categories based on the sensory system and how the brain and nervous system may process the input. After completion, take note of the categories where you have checked off the most items (significant difficulty rather than checking 1 or 2 items). This will help guide you in determining the sensory systems that may need the most attention and support.

You should use the pack to locate the advice and strategies that apply to the area outlined as a potential difficulty or sensitivity; e.g. if a child presents with the majority of checked items in tactile over-responsive/avoiding you should refer to the tactile over-responsive/calming strategies section of the booklet (page 16).

Written by Angie Voss, OTR (ASensoryLife.com) Copyright 2014 – Sensory Difference Awareness Checklist

Child's Name ..... D.O.B ..... School: .....

### Tactile Input

#### Over-responsive/Tactile Avoiding (page 16)

- Becomes fearful, anxious or aggressive with light or unexpected touch
- As an infant, did/does not like to be held or cuddled; may arch back, cry, or pull away
- Distressed with nappy changes
- Appears fearful, or avoids standing in close proximity to other people or peers (especially in lines)
- Becomes frightened when touched from behind or by someone / something they cannot see (such as under a blanket)
- Complains about having hair brushed
- Bothered by rough bed sheets (example: old and "bumpy")
- Avoids group situations for fear or unexpected touch
- Resists friendly or affectionate touch from anyone besides parents or siblings (and sometimes them to)
- Dislikes kisses, will "wipe off" the place where kissed
- A raindrop, water from a shower, or wind blowing on the skin produces an adverse response or avoidance reaction
- Overreacts to minor cuts, scrapes, and or bug bites
- Avoids touching certain textures of material (blankets, rugs, stuffed animals)
- Refuses to wear new or stiff clothes, clothes with rough textures, turtlenecks, jeans, hats, or belts
- Avoids using hands for play or approaches with a closed fist
- Avoids or dislikes messy play such as mud, glue, or finger paints
- Avoids getting messy with food textures
- Distressed by dirty hands and wants to wipe or wash them frequently
- Excessively ticklish
- Distressed by seams in socks and may refuse to wear them
- Distressed by clothes rubbing on skin; may want to wear shorts and short sleeves year round, toddlers may prefer to be naked or pull nappies and clothes off constantly
- Distressed about having face washed
- Distressed with haircuts, nail trimming
- Resists brushing teeth, may be extremely fearful of the dentist
- Refuses to walk barefoot on grass or sand
- Walks on toes on new surfaces or textures

**Tactile**  
**Under responsive/Tactile Seeking (page 16)**

- Craves touch or needs to touch everything and everyone
- Is not aware of being touched/bumped unless done with extreme force or intensity
- Is not bothered by injuries and shows no distress with painful stimuli
- Not aware that hands or face are dirty or the feeling his/her nose running
- Frequently hurts other children or pets while playing
- Repeatedly touches surfaces or objects that are soothing
- Seeks out surfaces and textures that provide strong tactile feedback
- Thoroughly enjoys and seeks out messy play
- Craves vibration

**Vestibular (Movement)**  
**Over-responsive/Vestibular Avoiding (page 22)**

- Avoid/dislikes playground equipment which involves movement; slides, swings
- Prefers seated/inactive tasks, moves slowly and cautiously, avoids taking risks
- Avoids/dislikes elevators and escalators
- Physically clings to an adult they trust
- Appears terrified of falling even when there is no real risk
- Afraid of heights; even the height of a curb or step
- Fearful of feet leaving the ground
- Gets carsick easily
- Fearful of going up or down stairs or walking on uneven surfaces
- Afraid of being tipped upside down, sideways or backwards
- Startles if someone else moves them
- As an infant, did not like baby swings or jumpers
- Fearful or have difficulty riding a bike, jumping, hopping, balancing
- As an infant, disliked being on tummy
- Loses balance easily and may appear clumsy
- Fearful of activities which require good balance
- Avoids rapid or rotating movements

**Vestibular (Movement)**  
**Under-responsive/Vestibular Seeking (page 22)**

- In constant motion, can't seem to sit still
- Craves fast, spinning, and/or intense movement experiences
- Loves being tossed in the air
- Can spin for hours and never appear to be dizzy
- Always jumping on furniture, trampolines, spinning in swivel chair
- Loves being in upside down positions
- Loves to swing as high as possible and for long periods of time
- Is a thrill seeker, dangerous at times
- Always running, jumping, hopping instead of walking
- Rocks body, shakes leg, or moves head while sitting

**Proprioception (Body Awareness)**  
**Under responsive/Proprioception Seeking (page 19)**

- Seeks out jumping, bumping, and crashing activities
- Stomps feet when walking
- Has a limp, 'floppy' body
- Frequently slumps, lies down, or leans head on hands or arm while at desk or table
- Frequently cracks knuckles
- Loves to be wrapped tight in blankets\*\*
- Loves 'tight' and small spaces\*\*
- Enjoys bear hugs\*\*
- Bumps into things/appears clumsy
- Difficulty turning doorknobs, handles, opening and closing items
- Often sits in a "W" position on the floor
- Excessive banging on/with toys and objects
- Loves wrestling and rough play\*\*
- Frequently falls intentionally
- Grinds teeth
- Loves pushing, pulling, dragging objects
- Frequently hits, bumps, or pushes other children
- Difficulty regulating pressure when writing or drawing, too light or too hard
- Often rips paper when erasing
- Complains about objects being too heavy
- Does not understand the meaning of too heavy or too light
- Seems to do everything with too much force (slamming doors)
- Plays with animals with too much force, often hurting them

\*\*Deep pressure touch is also an influencing component

Over registration and proprioception avoiding is very rare, therefore this section only has one category.

**Auditory**  
**Over-responsive/Auditory Avoiding (page 29)**

- Distracted by sounds not normally noticed by others; humming of lights, clocks ticking
- Fearful of the sound of a flushing toilet, vacuum, hairdryer, dog barking
- Startled or distracted by loud or unexpected sounds
- Distracted by environmental sounds such as lawn mower, trucks
- Frequently asks others to be quiet, to stop talking or singing
- Runs away or covers ears with loud or unexpected sounds
- Refuses or does not like to go to cinema, crowded environments, school halls
- Some voices may be very disturbing, loud laughter

**Auditory**  
**Under-responsive/Auditory Seeking (page 29)**

- Often does not respond to verbal cues or to name being called
- Makes noise just to make noise
- Loves excessively loud music or TV
- Oblivious to certain sounds
- Appears confused about where a sound is coming from
- Little or no babbling or vocalising as an infant
- Says "what?" frequently, needs directions repeating

**Oral Sensory**  
**Over-responsive/Oral Sensory Avoiding (page 25)**

- Picky eater, extreme food preferences
- Only eats “soft” or pureed foods past 24 months of age
- Gags with textured foods
- Extremely fearful of the dentist
- Dislikes toothpaste and teeth brushing
- Prefers bland foods
- Only eats certain textures, sensitivities to hot and cold foods, resists trying new foods

**Oral Sensory**  
**Under-responsive/Oral Sensory Seeking (page 25)**

- Mouths objects excessively past the age of two
- Bites or sucks on fingers
- Has difficulty with sucking, chewing, and swallowing
- Licks or chews on inedible objects
- Prefers food with intense flavours
- Excessive drooling
- Frequently chews on hair, shirt, or fingers
- Seeks vibration to the mouth
- Prefers excessively spicy, sweet, sour, or salty foods

**Olfactory (Smell)**  
**Over-responsive/Olfactory Avoiding (page 24)**

- Reacts negatively to smells which do not usually bother others
- Tells others people how bad or funny they smell
- Refuses to eat certain food because of the smell
- Offended or nauseated by bathroom odours or personal hygiene smells
- Bothered by smell or perfume, deodorant, aftershave
- Bothered by household or cooking smells

**Olfactory (Smell)**  
**Under-responsive/Olfactory Seeking (page 24)**

- Will smell an entire room including objects and walls before interacting
- Unable to identify smells from scented stickers/pens
- Does not notice odours that others usually complain about
- Excessive use of smelling when introduced to objects, people, or places
- Uses smells to interact with others

**Visual**  
**Over-responsive/Visual Avoiding (page 27)**

- Sensitive to bright lights, possibly headaches from the light
- Easily distracted from other visual stimuli in the room
- Has difficulty in bright colourful rooms
- Rubs eyes or has watery eyes after reading or looking at a screen
- Avoids eye contact
- Enjoys playing in the dark

**Visual**  
**Under-responsive/Visual Seeking (page 27)**

- Craves bright and colourful (often busy and cluttered) spaces
- Loves to line things up
- Loves to look at spinning objects
- Enjoys looking at shiny objects

## Sensory Processing Progress Record Form

Please print or photocopy several sheets to evidence strategies tried over the 12 week graded approach period e.g. one sheet per sensory area difficulty.

To be completed by the staff member working with the child to implement the strategies.

Child's Name: ..... Class: .....

Teacher/TA's Name's: .....

Area of difficulty / sense impacted:	
How does the child present:	
What areas of performance / activities are impacted:	
Activities / Strategies implemented:	Outcome – child's response / progress:



4) Can this child work individually or in groups without support from teachers?

5) Does the child have any difficulties with behaviours, attention, listening or processing?

6) Please comment on the child's social skills and relationships (peers and adults)?

7) What are your main concerns?

**Sensory Questionnaire for PARENTS**

Date: .....

Child's Name:.....

D.O.B: ..... Age: .....

Address: .....

..... Postcode: .....

Telephone: ..... Mobile: .....

School: .....

GP/Address: .....

Parent Name: .....

Does your child have a social worker YES/NO? If yes please give details

.....

Please answer the following questions with as much details as possible.

1) Please give details of any brothers or sisters

2) Brief history e.g. weeks' gestation, type of delivery any complications, feeding difficulties etc.

3) Brief past medical history and any current medical problems?

4) Details of last hearing and vision tests?

5) Please give details of approximate ages your child achieved these milestones?

Sitting .....

Crawling .....

Standing .....

Walking .....

6) Do you feel that your child avoids activities they have difficulty with?

7) What do you feel your child's main strengths are?

8) What are your child's main difficulties, which cause you most concern?

9) Have school raised any concerns regarding your child?

10) Have school discussed any extra activities that would help your child?

11) Please give a list of other professionals involved in your child's care.

12) Any other comments?



**Referral for Trafford Children's Therapy Service**

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

**NOTE: Incomplete referrals cannot be processed and will be rejected.**

<b>Family Name</b>		<b>Child's first name(s)</b>	
<b>NHS Number:</b>			
<b>Gender</b>	M	F	<b>Date of birth</b>
	<b>Address</b>		
<b>Postcode</b>		<b>Telephone:</b>	
		<b>Mobile:</b>	
		<b>Email address:</b>	
<b>Ethnicity</b>		<b>If other please specify:</b>	
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Any other White background	
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Black Caribbean	
<input type="checkbox"/> Black African	<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Any other ethnic background	
<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Any other Mixed background	
<input type="checkbox"/> Info not obtained	<input type="checkbox"/> Refused		
<b>Child's first language</b>		<b>Parent/Carer's first language</b>	
<b>Is an interpreter required?</b>	Yes      No	<b>Religion</b>	
<b>Trafford GP</b>		<b>School/ Nursery</b>	
<b>Who else is involved with the child?</b>			
<b>Please attach any relevant forms, observations, programmes of work.</b>			
Educational Psychologist <input type="checkbox"/>	Teaching Assistant <input type="checkbox"/>	Clinical Psychologist <input type="checkbox"/>	
Psychiatrist <input type="checkbox"/>	Paediatrician <input type="checkbox"/>	Orthopaedic Consultant <input type="checkbox"/>	
Social Services <input type="checkbox"/>	Consultant ( Other ) <input type="checkbox"/>	Other ( AHP ) <input type="checkbox"/>	
Name and telephone number of Social Worker _____			
Others: _____			
Stage of SEND Code of Practice: _____			

