

INFANT/TODDLER SENSORY PROFILE™

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Caregiver Questionnaire

7 TO 36 MONTHS

Child's Name: _____ Birth Date: _____ Date: _____
Completed by: _____ Relationship to Child: _____
Service Provider's Name: _____ Discipline: _____

Circle the birth order of your child within the family 1st 2nd 3rd 4th 5th Other _____

Have there been more than 3 children, between the ages of birth-18 years, living in your household during the past 12 months? _____

INSTRUCTIONS

Please check the box that best describes the frequency with which your child does the following behaviors. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your child, please draw an X through the number for that item. Write any comments at the end of each section.

Use the following key to mark your responses

ALMOST ALWAYS

When presented with the opportunity, your child almost always responds in this manner, 90% or more of the time.

FREQUENTLY

When presented with the opportunity, your child frequently responds in this manner, about 75% of the time.

OCCASIONALLY

When presented with the opportunity, your child occasionally responds in this manner, about 50% of the time.

SELDOM

When presented with the opportunity, your child seldom responds in this manner, about 25% of the time.

ALMOST NEVER

When presented with the opportunity, your child almost never responds in this manner, 10% or less of the time.

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Item	A. General Processing					ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
1	My child's behavior deteriorates when the schedule changes.									X
2	My child avoids playing with others.									X
3	My child withdraws from situations.									X

Note: You do not calculate a Raw Score Total for this section

Comments

Item	B. Auditory Processing					ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
4	I have to speak loudly to get my child's attention.								X	X
5	I have to touch my child to gain attention.								X	
6	My child enjoys making sounds with his/her mouth.	X					X			
7	My child takes a long time to respond, even to familiar voices.									X
8	My child startles easily at sound compared to other children the same age.	X								
9	My child is distracted and/or has difficulty eating in noisy environments.	X					X			
10	My child ignores me when I am talking.	X					X			
11	My child tries to escape from noisy environments.	X								
12	My child finds ways to make noise with toys.	X								
13	It takes a long time for my child to respond to his/her name when it is called.	X								
Section Raw Score Total										23

Comments

both together when not paying attention

Item	C. Visual Processing					ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
14	My child enjoys looking at moving or spinning objects (for example, ceiling fans, toys with wheels, floor fans).	X								
15	My child enjoys looking at shiny objects.							X		
16	My child avoids eye contact with me.									X
17	My child refuses to look at books with me. <i>hates book</i>	X								
18	My child does not recognize self in the mirror.								X	
19	My child enjoys looking at own reflection in the mirror.	X								
20	My child prefers fast-paced, brightly colored TV shows.									X
Section Raw Score Total										20

Comments

gets right close

Item	D. Tactile Processing	ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER	
21	My child resists being held.					X	
22	My child becomes agitated when having hair washed.					X	
23	My child avoids getting face/nose wiped.					X	
24	My child is distressed when having nails trimmed.					X	
25	My child resists being cuddled.					X	
26	My child is upset by changes in the bath water temperature, from one bath to the next.					X	
27	My child avoids contact with rough or cold surfaces (for example, squirms, arches, cries).					X	
28	My child becomes very upset if own clothing, hands, and/or face are messy.					X	
29	My child gets upset with extreme differences in room temperature (for example, hotter, colder). <i>when hot</i>			X		X	
30	My child becomes anxious when walking or crawling on certain surfaces (for example, grass, sand, carpet, tile).				X		
31	My child enjoys playing with food.	X					
32	My child seeks opportunities to feel vibrations (for example, stereo speakers, washer, dryer).	X					
33	My child bumps into things, seeming to not notice objects in the way.	X					
34	My child enjoys splashing during bath time.	X					
35	My child uses hands to explore food and other textures.	X					
Section Raw Score Total							54

Comments

pulls hands away after being held
used to hate grass
- likes smooth ^{cool} texture

Item	E. Vestibular Processing	ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER	
36	My child requires more support for sitting than other children the same age (for example, infant seat, pillows, towel roll).			X		X	
37	My child enjoys physical activity (for example, bouncing, being held up high in the air).	X					
38	My child enjoys rhythmical activities (for example, swinging, rocking, car rides).	X					
39	My child becomes upset when placed on back to change diapers					X	
40	My child resists having head tipped back during bathing.					X	
41	My child cries or fusses whenever I try to move him/her.					X	
Section Raw Score Total							21

Comments

Item		F. Oral Sensory Processing	ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
~	42	My child licks/chews on nonfood objects.		X			
~	43	My child mouths objects.			X		
—	44	My child is unaware of food or liquid left on lips.					X
	45	My child refuses all but a few food choices.					X
	46	My child resists having teeth brushed. <i>Does brush teeth</i>					X
—	47	My child refuses to drink from a cup.					X
	48	My child refuses to try new foods.					X
Section Raw Score Total			30				

Comments *used to get scores from being in math*

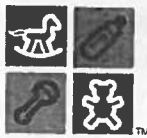
What do you see as your child's strengths? *sooths herself (sleeps on her own); good natured, dream baby, doesn't require as much attention as Aster, determined, persistent; communicates, not verbally*

What are your concerns? *shuts down in noisy environment; used to have more concerns, but lots are gone*

STOP HERE IF YOUR CHILD IS 7 TO 36 MONTHS OLD.

ICON KEY	
—	Low Registration
~	Sensation Seeking
⊙	Sensory Sensitivity
	Sensation Avoiding

SCORE KEY	
1	Almost Always
2	Frequently
3	Occasionally
4	Seldom
5	Almost Never



INFANT/TODDLER SENSORY PROFILE™

Winnie Dunn, Ph.D., OTR, FAOTA

Summary Score Sheet

Child's Name: _____ Gender: Male Female

Questionnaire Completed by: _____

Relationship to Child: _____

Service Provider's Name: _____

Discipline: _____

YEAR MONTH DAY

Date Tested			
Date of Birth			
Chronological Age			

The child receives the following services

- Early Intervention/Preschool Services Physical Therapy
 Occupational Therapy Speech Therapy
 Other (please specify) _____

Child's condition(s)

- Mental retardation Cerebral Palsy
 Down Syndrome Fragile X
 Speech or Language Impairment Reflux
 Autism/Pervasive Developmental Disorder (PDD) Multiple disabilities
 Developmental Delay Traumatic brain injury
 Emotional disturbance or serious behavioral difficulties Other neurological disorder
 Attention disorder (ADD, ADHD) Other health conditions (e.g., cardiac disorder, asthma)
 Visual impairment/Blindness Regulatory disorder
 Hearing impairment/Deafness Other (please specify): _____

Referral concerns and other comments

7 to 36 Months Summary Score Sheet

Quadrant Grid

Instructions: Transfer from the Caregiver Questionnaire (7 to 36 months) the item raw score that corresponds with each item listed. Add the Raw Score column to get the Quadrant Raw Score Total for each quadrant.

— QUADRANT 1	
Low Registration	
Item	Raw Score
4	5
5	4
7	2
10	2
13	1
16	5
18	4
33	1
36	4
44	5
47	5
Quadrant Raw Score Total	38

S QUADRANT 2	
Sensation Seeking	
Item	Raw Score
6	1
12	1
14	1
15	3
19	1
20	5
31	1
32	1
34	1
35	1
37	1
38	1
42	2
43	3
Quadrant Raw Score Total	23

G QUADRANT 3	
Sensory Sensitivity	
Item	Raw Score
1	5
8	5
9	1
22	5
24	5
26	5
28	5
29	4
30	5
39	5
41	5
Quadrant Raw Score Total	50

QUADRANT 4	
Sensation Avoiding	
Item	Raw Score
2	5
3	5
11	1
17	1
21	5
23	5
25	5
27	5
40	5
45	5
46	5
48	5
Quadrant Raw Score Total	52

ICON KEY	
—	Low Registration
S	Sensation Seeking
G	Sensory Sensitivity
	Sensation Avoiding

Low Threshold (combined quadrant score)

Instructions: Add Sensory Sensitivity and Sensation Avoiding Quadrant Raw Score Totals to get the Low Threshold Raw Score Total

Low Threshold Raw Score Total	$50 + 52 = 102$
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Quadrant Summary

Instructions: Transfer the Quadrant Raw Score Totals from the 7 to 36 months Quadrant Grid to the corresponding Quadrant Raw Score Total box for the appropriate ages. Plot these totals by marking an X in the appropriate classification column (Typical Performance, Probable Difference, Definite Difference)*.

Quadrant	Quadrant Raw Score Total	Less Than Others ←		Typical Performance	→ More Than Others	
		Definite Difference	Probable Difference		Probable Difference	Definite Difference
1. Low Registration (7-36 months)	38 /55	**	55	54 ----- 46	45 ----- 43	42 X 11
2. Sensation Seeking (7-12 months)	/70	70 ----- 44	43 ----- 36	35 ----- 19	18 ----- 14	**
2. Sensation Seeking (13-18 months)	/70	70 ----- 46	45 ----- 38	37 ----- 20	19 ----- 14	**
2. Sensation Seeking (19-24 months)	23 /70	70 ----- 50	49 ----- 42	41 ----- 25	24 X 16	15 ----- 14
2. Sensation Seeking (25-30 months)	/70	70 ----- 50	49 ----- 43	42 ----- 27	26 ----- 19	18 ----- 14
2. Sensation Seeking (31-36 months)	/70	70 ----- 59	58 ----- 49	48 ----- 28	27 ----- 18	17 ----- 14
3. Sensory Sensitivity (7-36 months)	50 /55	**	55 ----- 53	52 X 41	40 ----- 36	35 ----- 11
4. Sensation Avoiding (7-36 months)	52 /60	**	60 ----- 57	56 X 45	44 ----- 39	38 ----- 12
Low Threshold	Raw Score Total	Note: This score is only relevant when both Quadrants 3 and 4 are outside the Typical Performance range.				
Low Threshold (7-36 months)	102 /115	**	115 ----- 108	107 X 87	86 ----- 77	76 ----- 23

*Classifications are based on the performance of children without disabilities (n = 489).

**There can be no Definite Difference for this section in this age range.

Sensory Processing Section Summary (7 to 36 Months)

Instructions: Transfer the Section Raw Score Totals from the 7 to 36 months Caregiver Questionnaire to the corresponding Section Raw Score Total box for the appropriate ages. Plot these totals by marking an X in the appropriate classification column (Typical Performance, Probable Difference, Definite Difference)*.

Sensory Processing Section	Section Raw Score Total	Less Than Others ←		Typical Performance	→ More Than Others	
		Definite Difference	Probable Difference		Probable Difference	Definite Difference
A. General Processing	No section raw score total is calculated for the General Processing Section.					
B. Auditory Processing (7-36 months)	23 /50	50 ----- 48	47 ----- 44	43 ----- 35	34 ----- 31	30 X 10
C. Visual Processing (7-36 months)	20 /35	35 ----- 32	31 ----- 28	27 X (20)	19 ----- 16	15 ----- 7
D. Tactile Processing (7-24 months)	51 /75	75 ----- 68	67 ----- 62	61 X 48	47 ----- 42	41 ----- 15
D. Tactile Processing (25-36 months)	/75	75 ----- 72	71 ----- 65	64 ----- 51	50 ----- 44	43 ----- 15
E. Vestibular Processing (7-36 months)	21 /30	30 ----- 27	26 ----- 24	23 X 18	17 ----- 15	14 ----- 6
F. Oral Sensory Processing (7-12 months)	/35	35 ----- 33	32 ----- 30	29 ----- 21	20 ----- 17	16 ----- 7
F. Oral Sensory Processing (13-18 months)	/35	**	35 ----- 32	31 ----- 23	22 ----- 19	18 ----- 7
F. Oral Sensory Processing (19-24 months)	30 /35	**	35 ----- 33	32 X 24	23 ----- 20	19 ----- 7
F. Oral Sensory Processing (25-30 months)	/35	**	35 ----- 33	32 ----- 25	24 ----- 22	21 ----- 7
F. Oral Sensory Processing (31-36 months)	/35	**	35 ----- 34	33 ----- 25	24 ----- 21	20 ----- 7

*Classifications are based on the performance of children without disabilities (n = 489)

**There can be no Definite Difference for this section in this age range.

Note: Reproducible Growth Curves for Children 7 to 36 months, for Sensation Seeking, Tactile Processing, and Oral Sensory Processing, are available in Appendix A of the *Infant/Toddler Sensory Profile User's Manual*.

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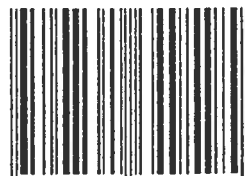
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