

SENSORY AND ACADEMIC PROFILE (SAP)
AGES 3-4

Child's Name: _____ Date: _____ Age: _____ Grade: _____

Has or does your child display any of the following behaviors:

F= Frequently

S= Sometimes

N= Never

TACTILE				COMMENTS
1. Avoids touch or contact:	F	S	N	_____
2. Dislikes messy play (e.g. finger painting, dough)	F	S	N	_____
3. Dislikes tags in clothing:	F	S	N	_____
4. Is constantly touching things:	F	S	N	_____
5. Frequently hits or pushes other children:	F	S	N	_____
6. Dislikes undergarments or prefers to wear them inside out:	F	S	N	_____
7. Constantly pulls or rubs clothing:	F	S	N	_____
8. Seems to over-react to slight bumps, scrapes, or bruises:	F	S	N	_____
9. Dislikes rigid clothing (e.g. jeans) or tight clothing (waistbands, turtlenecks):	F	S	N	_____
10. Resists wearing short sleeves or short pants:	F	S	N	_____
11. Does not like to be cuddled or hugged:	F	S	N	_____
12. Continues to put objects in mouth:	F	S	N	_____

SMELL				COMMENTS
1. Needs to smell items or people:	F	S	N	_____
2. Negative behavioral changes or gets sick with cleaning days (same day or next day):	F	S	N	_____
3. Does not like new cloths or toys with smells:	F	S	N	_____
4. Dislikes strong smells:	F	S	N	_____
5. Craves strong smells:	F	S	N	_____
6. Eats non-edible items:	F	S	N	_____
7. Smears his or her feces:	F	S	N	_____

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AUDITORY				COMMENTS
1. History of repeated ear infections:	F	S	N	
2. Is distracted by noises; seems to hear noises that go unnoticed by others:	F	S	N	
3. Covers ears frequently:	F	S	N	
4. Speaks in a loud voice:	F	S	N	
5. Hums or sings to screen out noise:	F	S	N	
6. Has trouble following 1-2 step commands:	F	S	N	
7. Delayed speech development:	F	S	N	
8. Doesn't respond consistently to verbal clues:	F	S	N	
9. Is hard to understand when he/she speaks:	F	S	N	

VISUAL				COMMENTS
1. Often loses place when reading:	F	S	N	
2. Has difficulty matching shoes and socks:	F	S	N	
3. Prefers solid patterns over distracted patterns:	F	S	N	
4. Often squints:	F	S	N	
5. Is unable to read/scan across page without losing place:	F	S	N	
6. Has strong visual memory:	F	S	N	
7. Pays attention to details but has difficulty seeing the whole:	F	S	N	
8. Has trouble staying between the lines when coloring or writing:	F	S	N	
9. Has difficulty putting puzzles together:	F	S	N	
10. Prefers darker setting; doesn't like bright light:	F	S	N	
11. Hesitates going up/down stairs:	F	S	N	

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VESTIBULAR				COMMENTS
1. Unable to sit still; in constant motion:	F	S	N	_____
2. Does not like going up/down stairs:	F	S	N	_____
3. Often rocks or bangs head:	F	S	N	_____
4. Doesn't like being upside down:	F	S	N	_____
5. Avoids playground activities:	F	S	N	_____
6. Loves swinging or spinning:	F	S	N	_____
7. Has difficulty learning to catch a ball:	F	S	N	_____
8. Avoids play activities that involve movement:	F	S	N	_____
9. Gets motion sickness:	F	S	N	_____
10. Has poor balance:	F	S	N	_____

PROPRIOCEPTION				COMMENTS
1. Frequently drops objects:	F	S	N	_____
2. Exerts too little or too much pressure with objects (e.g. frequently breaks crayons, pencils or squeezes toothpaste to light or hard):	F	S	N	_____
3. Likes to be cuddled/hugged/squeezed:	F	S	N	_____
4. Does not like to sleep with light off:	F	S	N	_____
5. Does not like doing tasks with eyes closed: (pulling shirt over head, closing eyes to wash hair):	F	S	N	_____
6. Seems to tire easily; especially with writing, drawing, or eating:	F	S	N	_____
7. Does not like foods that require a lot of of chewing:	F	S	N	_____
8. Difficulty with dressing (e.g. putting leg in pant hole, buttoning)	F	S	N	_____
9. Appears stiff, awkward, or clumsy:	F	S	N	_____
10. Walks on toes:	F	S	N	_____
11. Writes with tongue hanging out:	F	S	N	_____

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LANGUAGE	F	S	N	COMMENTS
1. States full name, age, and address: (at least 2 out of 3)	F	S	N	_____
2. Intelligible 3-5 word phrases:	F	S	N	_____
3. Answers questions such as, "What do you want to do for fun?" with plurals, personal pronouns, and verbs:	F	S	N	_____

EMOTIONAL & DEVELOPMENTAL	F	S	N	COMMENTS
1. Has difficulty with a change in routines:	F	S	N	_____
2. Does not like to play in groups- often plays on the outskirts:	F	S	N	_____
3. Is easily frustrated:	F	S	N	_____
4. Has frequent outbursts or tantrums:	F	S	N	_____
5. Tends to be impulsive or accident prone:	F	S	N	_____
6. Avoids eye contact:	F	S	N	_____
7. Has difficulty expressing needs:	F	S	N	_____
8. Goes up and down stairs with alternating feet:	F	S	N	_____
9. Responds to commands to place an object "in", "on", or "around" something: (e.g. "Put the ball in the box")	F	S	N	_____
10. Buttons own clothing:	F	S	N	_____
11. Feeds self at mealtime:	F	S	N	_____
12. Engages in make-believe & pretend play:	F	S	N	_____
13. Is able to copy a circle:	F	S	N	_____

How concerned are you about the above checked problems:

- Not Concerned
 Moderately Concerned
 Very Concerned

How would you say the above checked problems/difficulties interfere with your child's daily life:

- Not at all
 Slightly Interferes
 Moderately Interferes
 Greatly Interferes

Comments/Concerns: _____
