



Oxford CBT  
**Short Sensory Profile**

Name of child:	<input type="text"/>	Date of birth:	<input type="text"/>
Completed by:	<input type="text"/>	Relationship to child:	<input type="text"/>
Service Provider:	<input type="text"/>	Discipline:	<input type="text"/>

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. Please do not write in the Section Raw Score Total row.

**Use the following key to mark your responses:**

<b>ALWAYS</b>	When presented with the opportunity, your child always responds in this manner, 100% of the time.
<b>FREQUENTLY</b>	When presented with the opportunity, your child frequently responds in this manner, about 75% of the time.
<b>OCCASIONALLY</b>	When presented with the opportunity, your child occasionally responds in this manner, about 50% of the time.
<b>SELDOM</b>	When presented with the opportunity, your child sometimes responds in this manner, 25% of the time.
<b>NEVER</b>	When presented with the opportunity, your child never responds in this manner, 0% of the time.

		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
<b>Tactile Sensitivity</b>						
1	Expresses distress during grooming (for example, fights or cries during haircutting, face washing, fingernail cutting)					
2	Prefers long-sleeved clothing when it is warm or short sleeves when it is cold					
3	Avoids going barefoot, especially in sand or grass					
4	Reacts emotionally or aggressively to touch					
5	Withdraws from splashing water					
6	Has difficulty standing in line or close to other people					
7	Rubs or scratches out a spot that has been touched					

**Section Raw Score Total**

<b>Taste/Smell Sensitivity</b>						
8	Avoids certain tastes or food smells that are typically part of children's diets					
9	Will only eat certain tastes list:					
10	Limits self to particular food textures/temperatures (list:					
11	Picky eater, especially regarding food textures					

**Section Raw Score Total**

		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
<b>Movement Sensitivity</b>						
12	Becomes anxious or distressed when feet leave the ground					
13	Fears falling or heights					
14	Dislikes activities where head is upside down (for example, somersaults, roughhousing)					
<b>Section Raw Score Total</b>						
<b>Underresponsive/Seeks Sensation</b>						
15	Enjoys strange noises/seeks to make noise for noise's sake					
16	Seeks all kinds of movement and this interferes with daily routines (for example, can't sit still, fidgets)					
17	Becomes overly excitable during movement activity					
18	Touches people and objects					
19	Doesn't seem to notice when face or hands are messy					
20	Jumps from one activity to another so that it interferes with play					
21	Leaves clothing twisted on body					
<b>Section Raw Score Total</b>						
<b>Auditory filtering</b>						
22	Is distracted or has trouble functioning if there is a lot of noise around					
23	Appears to not hear what you say (for example, does not "tune-in" to what you say, appears to ignore you)					
24	Can't work with background noise (for example, fan, refrigerator)					
25	Has trouble completing tasks when the radio is on					
26	Doesn't respond when name is called but you know the child's hearing is OK					
27	Has difficulty paying attention					
<b>Section Raw Score Total</b>						
<b>Low Energy/Weak</b>						
31	Seems to have weak muscles					
32	Tires easily, especially when standing or holding particular body position					
33	Has a weak grasp					
34	Can't lift heavy objects (for example, weak in comparison to same age children)					
35	Props to support self (even during activity)					
36	Poor endurance/tires easily					
<b>Section Raw Score Total</b>						

Item	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
<b>Visual/Auditory Sensitivity</b>					
Responds negatively to unexpected or loud noises (for example, cries or hides at noise from vacuum cleaner, dog barking, hair dryer)					
Holds hands over ears to protect ears from sound					
Is bothered by bright lights after others have adapted to the light					
Watches everyone when they move around the room					
Covers eyes or squints to protect eyes from light					
<b>Section Raw Score Total</b>					

**Summary**

Instructions: Transfer the score for each section to the Section Raw Score Total column. Plot these totals by marking an X in the appropriate classification column (Typical Performance, Probable Difference, Definite Difference)\*

**Score key**

- 1=Always
- 2=Frequently
- 3=Occasionally
- 4=Seldom
- 5=Never

Section	Section Raw Score Total	Typical Performance	Probable Difference	Definite Difference
Tactile Sensitivity	/35	35 _____ 30	29 _____27	26 _____7
Taste/Smell Sensitivity	/20	20 _____ 15	14 _____12	11 _____4
Movement Sensitivity	/15	15 _____ 13	12 _____11	10 _____3
13	/35	35 _____ 27	26 _____24	23 _____7
Auditory Filtering	/30	30 _____ 23	22 _____20	19 _____ 6
Low Energy/Weak	/30	30 _____ 26	25 _____24	23 _____6
Visual/Auditory Sensitivity	/25	25 _____ 19	18 _____16	15 _____5
Total	/190	190 _____ 155	152 _____142	141 _____38