



# Sensory Inventory Form

**Tell us more about your child . . .**

**NAME:** \_\_\_\_\_

**What kinds of things does your child enjoy? (activities, cartoons, toys, etc.)**

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**Please check activities your child enjoys.**

- |  |   |
|--|---|
| <input type="radio"/> Drawing & coloring | <input type="radio"/> Looking at books  |
| <input type="radio"/> Finger painting    | <input type="radio"/> Video games       |
| <input type="radio"/> Jumping & running  | <input type="radio"/> Board games       |
| <input type="radio"/> Swinging           | <input type="radio"/> Dress up          |
| <input type="radio"/> Climbing           | <input type="radio"/> Music and singing |
| <input type="radio"/> Building blocks    | <input type="radio"/> Other _____       |

**Which of the following would your child find unpleasant?**

- |   |  |
|---|--|
| <input type="radio"/> Messy activities                | <input type="radio"/> Reading aloud          |
| <input type="radio"/> Crowded places                  | <input type="radio"/> Schoolwork             |
| <input type="radio"/> Circle time                     | <input type="radio"/> Loud, sudden noises    |
| <input type="radio"/> Water activities                | <input type="radio"/> Music and singing      |
| <input type="radio"/> Games with lots of movement     | <input type="radio"/> Conversation           |
| <input type="radio"/> Swings, slides, merry-go-rounds | <input type="radio"/> Smells                 |
| <input type="radio"/> Hats or masks                   | <input type="radio"/> Team sports            |
| <input type="radio"/> Climbing stairs                 | <input type="radio"/> Writing and/or drawing |
| <input type="radio"/> Taking shoes off                | <input type="radio"/> Other _____            |
| <input type="radio"/> Bright lights                   | _____  |

**Please share anything else you think would help us provide the best environment for your child.**

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