

**Assessments**

AOTA Occupational Profile

Adolescent/ Adult Sensory Profile Self-Questionnaire (SPSQ)

\*Adult/Adolescent Sensory History (AASH)

Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (Berry VMI)

Bruininks-Oseretsky Test of Motor Proficiency (BOT-2)

Bruininks-Oseretsky Test of Motor Proficiency Brief Form (BOT-2 Brief)

Infant/ Toddler Sensory Profile Caregiver Questionnaire (IFSPQ)

Peabody Motor Development Scales, Second Edition (PMDS-2)

\*Sensory Processing Measure - Classroom Form (SPM)

Sensory Processing Measure - Home Form (SPM)

\*Sensory Processing Measure- Preschool (SPM-P)

\*Test of Handwriting Skills Revised (THS-R)

\*Most frequently used

**Sample A Sensory Evaluation Report**

Sensory Processing Measure - Home Form (SPM)

This questionnaire looks at seven areas of the child’s sensory functioning in the home setting and compares the caregiver’s responses to other caregivers’ responses about their children to give a standardized score relating to sensory processing performance.

The Home Form was completed by: Mrs. XX

SPM Scores

<i>Area</i>	<i>Raw Score</i>	<i>T-Score</i>	<i>Interpretive Range (Skill Level)</i>
Social participation	15	49	Typical
Vision	18	64	Some Problems
Hearing	22	74	Definite Problems
Touch	16	59	Typical
Body Awareness	21	66	Some Problems
Balance and Motion	20	65	Some Problems
Planning and Ideas	11	48	Typical
Total	102	66	Some Problems

*Typical performance is a T-score of 40-59, Some problems is 60-69, Definite problem is 70-80*

Mrs. XX ‘s report scored the areas of social participation, touch, and planning and ideas as areas with typical performance.

Mrs. XX ‘s report scored the area of vision as an area with some problems. XX frequently enjoys watching objects spin or move more than his peers. He also frequently walks into objects or people as if they were not there. He is occasionally bothered by bright light and occasionally becomes distressed in unusual visual environments like a bright, colorful room or a dimly lit room. He occasionally has trouble finding an object when it is a part of a group of other things.

Mrs. XX ‘s report scored the area of hearing as an area with definite problems. XX frequently is bothered by ordinary household sounds, frequently responds negatively to loud noises by running away/crying/holding hands over his hears, and frequently is frightened of sounds that usually do not frighten his peers. He frequently appears to not hear sounds when he is focused on something he is very interested in. XX is frequently distracted by background noises and this was observed throughout the entire occupational therapy

evaluation. **XX** commented on sounds in the next room, the hallway, and floor above which were noticed by others once he called attention to it or would cock his head towards the sound source. His mother reported that Wallace uses noise cancelling headphones at events outside of the home because otherwise he would get overwhelmed and cry.

Mrs. **XX** 's report scored the area of body awareness as an area with some problems. **XX** always jumps a lot. He frequently seeks heavy input activities, frequently seems to exert too much pressure for a task, and frequently breaks things from pressing too hard. He occasionally bumps or pushes other children and occasionally chews on his toys, clothes, or other objects more than his peers.

Mrs. **XX** 's report scored the area of vision as area balance and motion with some problems. **XX** frequently falls out of his chair when shifting his body, he frequently seems to not get dizzy when others do, and frequently shows poor coordination and appears to be clumsy. **XX** occasionally fails to catch himself when falling and occasionally leans on furniture or people when sitting or when trying to stand up.

During the occupational therapy evaluation, **XX** followed instructions for a variety of activities. He wrote his first name with his right hand using a dynamic pincer grasp while stabilizing the paper with his left hand. He cut out a circle, square, triangle, and random squiggle shape using appropriate shoulder stabilization, wrist movement, and stabilized the paper with his opposite hand. He was creative and noticed that a piece of the paper that was cut away from a shape looked like a stealth bomber and asked if he could draw on it to make it look like one when he was done cutting the shapes out. He was also creative during play with the sensory bin and MegaBloks. He could throw a ball adequately with both right and left hands, but is not yet able to catch the ball using only one hand. He was excited when he was able to catch the ball one time with his left hand after 4 attempts.

On the background information, his parents reported that **XX** can be a picky eater. The occupational therapist had Mrs. **XX** complete a food inventory with associated questions. **XX** typically will eat 61 different foods. He can feed himself with his fingers, fork, spoon, and knife. He can drink from a straw, regular cup, and sippy cup. He usually eats his meals in 30-45 minutes and his mother reported that mealtimes are usually from being tolerable to being a battle.

SPM scores, his mother's report, and clinical observations and interactions do not support **XX** having a sensory processing disorder. However, they do support **XX** have some problems with sensory modulation which is often seen in individuals with attention deficit hyperactive disorder.

**Sensory Findings:** SPM scores, his mother's report, and clinical observations and interactions do not support **XX** having a sensory processing disorder. However, they do support **XX** having some problems with sensory modulation which is often seen in individuals with attention deficit hyperactive disorder. Sensory modulation is the capability to sustain engagement despite variability in the intensity of sensations from the body or environment, and contributes to emotional stability, behavior, arousal, activity level, and attention. Wallace has difficulty sustaining engagement when there are a lot of sounds and noise. He often could not filter out background sounds during the occupational therapy evaluation. **XX** also walks and bumps into things or people because he often does not filter visual stimuli while in motion. **XX** needs more input to sustain his engagement as evidenced by **XX** seeking heavy input activities, jumping a lot, and not getting dizzy as fast as his peers would. When **XX** appears clumsy or uncoordinated it likely is more attributed to him not filtering out sensory stimuli, more than an actual motor difficulty as he was using age appropriate gross and fine motor skills during the occupational therapy evaluation.

**Sensory Recommendations:** **XX** would benefit from using a sensory diet developed with the help of an occupational therapist, in addition to other recommendations for helping him sustain his attention. Occupational therapy services may be provided through Logan Regional Hospital Pediatric Rehab (435-716-6440), Primary Children's Rehab Layton (833-577-3422), and/or his/her school placement. Parents will have assistance finding occupational therapy service providers per parental request. The occupational therapist will help develop a sensory diet with you and your son. Sensory diets often include:

- a. Proprioceptive (deep pressure) sensory input via joint compressions, heavy work activities
- b. Vestibular (body movement) activities such as spinning, rocking, swinging, crashing, jumping, obstacle

courses

- c. Transition strategies from different activities and environments
- d. Adaptive strategies for visual and auditory processing
- e. It is important that there are scheduled opportunities for 'recess' or gross motor activities throughout his school day to support his academic learning. The vestibular sense (being able to tell what direction our body is going), our proprioceptive sense (being able to grade the amount of force we using during activities), and our tactile sense (touch) influence each other and are very powerful to help with being calm and organized. These systems are constantly being used during playground activities.
- f. The Out of Sync Child Has Fun, by Carol Stock Kranowitz, is a great resource for additional sensory activity ideas for the home and for the classroom.

### **Sample B Sensory Evaluation Report**

#### Sensory Processing Measure- Preschool (SPM-P)

This questionnaire looks at seven areas of the child's sensory functioning in the home setting and compares the caregiver's responses to other caregivers' responses about their children to give a standardized score relating to sensory processing performance.

The Home Form was completed by: Mr. and Mrs. XX

#### SPM Scores

<i>Area</i>	<i>Raw Score</i>	<i>T-Score</i>	<i>Interpretive Range (Skill Level)</i>
Social participation	26	76	Definite Problems
Vision	33	76	Definite Problems
Hearing	27	77	Definite Problems
Touch	39	80	Some Problems
Body Awareness	19	69	Definite Problems
Balance and Motion	20	70	Definite Problems
Planning and Ideas	22	74	Definite Problems
Total	147	76	Definite Problems

*Typical performance is a T-score of 40-59, Some problems is 60-69, Definite problem is 70-80*

Mr. and Mrs. XX's report scored the area of social participation as an area with definite problems. XX never joins in play with others without disrupting the ongoing activity and never participates appropriately on family outings. XX only occasionally plays with peers cooperatively, shares things when asked, and occasionally takes part in appropriate mealtime interactions. He only occasionally participates appropriately during family gatherings, family errands, and activities with peers like parties or using playground equipment. His parents reported compliance is a big struggle but feel its not because he does not understand. He can be easy going when he is the one initiating and doing his own thing. His parents reported he likes going places but they do not take him out places often like out to eat because he does not want to follow the rules and melts down

Mr. and Mrs. XX's report scored the area of vison as an area with definite problems. XX almost always has difficulty recognizing how objects are similar or different based on color, shape or size. He almost always enjoys watching objects spin or move more than his peers as well as almost enjoys watching things that are moving out of the corners of his eyes. XX almost always has trouble paying attention if there is a lot to look at, becomes easily distracted while walking if there is a lot to see, and almost always has trouble completing tasks when there is a lot to look at. He frequently likes to flip light switches on and off repeatedly.

Mr. and Mrs. XX's report scored the area of hearing as an area with definite problems. XX almost always seems bothered by ordinary household sounds and almost always responds negatively to loud noises. He

almost always is distracted by background noises like a lawn mower or car outside. He frequently likes to cause certain sounds to happen repeatedly but also frequently shows distress on shrill, brassy, or busy room sounds.

Mr. and Mrs. XX's report scored the area of touch as an area with definite problems. XX almost always prefers to touch rather than be touched, always becomes distressed with his fingernails being trimmed, and almost always bothered when someone touches his face. He almost always has an unusually high tolerance for pain, however other times when there should be little to no pain like when tripping over nothing, XX will have an enormous meltdown. XX almost always dislikes having his hair combed, styled, or cut. He frequently like throwing himself into the ground and frequently grabs his own arm to throw towards the ground when it seems like it should be painful. He parents report he loves bath time if there are toys. They stated potty training has been hard. XX can put on his own shirt but mostly resists dressing because he wants to play. His parents stated to change diapers they have to chase him and sometimes it takes both parents to be able to change diaper. XX almost always does not notice smells others react to.

Mr. and Mrs. XX's report scored the area of body awareness as an area with some problems. He almost always is driven to heavy input activity and frequently jumps a lot.

Mr. and Mrs. XX's report scored the area of balance and motion as an area with definite problems. He almost always shows poor coordination and appears to be clumsy. He frequently fails to catch himself when falling and frequently rocks his body when awake and sitting up.

Mr. and Mrs. XX's report scored the area of planning and ideas as an area with definite problems. XX almost always fails to complete tasks with multiple steps, almost always struggles to imitate demonstrated actions, and almost always struggles with coming up with new ideas for play. He almost always tends to play the same activities repeatedly rather than shift to a new one when given the chance. His parents report that he cannot identify his or another person's body parts.

During the occupational therapy evaluation, XX completed a variety of activities. He made intermittent eye contact and tolerated the therapist playing next to him for no more than 2-3 minutes at a time before wanting to play in a different part of the room by himself. He used the adults in the room as tools when needing assistance at least three different times, all times not looking at the adult. XX followed the therapist's point to a single bubble and he had shared enjoyment with his father and pre-OT student with wobble punching bag. In December 2018, in Up to 3 Early Intervention, occupational therapy did a sensory evaluation with the Toddler Sensory Profile 2nd Edition. He scored *much more than others in Registration/bystander* (primarily with auditory, needing more input like responding to name or someone talking to him, only able to calm with drinking), and *more than others in Avoiding* (some difficulties with touch, food texture). At the time of this evaluation, he was struggling with tooth brushing and going to bed. Parents declined occupational therapy services in December 2018 due to wanting to wait until the developmental specialist from Up to 3 that focuses on working with children who have red flags for engagement and social difficulties came out to do their evaluation.

**Sensory findings:** XX has sensory processing disorder specifically with sensory modulation. Sensory modulation is the capability to sustain engagement despite variability in the intensity of sensations from the body or environment, and contributes to emotional stability, behavior, arousal, activity level, and attention. XX being easily distracted by visual stimuli, having an unusually high threshold for pain at sometimes and then no pain tolerance at all at other times, frequent aversion to ordinary household sounds, aversion to grooming tasks, preferring to touch rather than be touched, and not noticing strong odors others do smell are all examples of sensory modulation difficulties.

## Sample C Sensory Evaluation Report

Test Name: Adult/Adolescent Sensory History

Description: The Adult/Adolescent Sensory History is a self-report and/or caregiver report that specifically examines patterns of sensory processing dysfunction identified as part of Ayres Sensory Integration theory, namely sensory modulation and sensory discrimination. The Adult/Adolescent Sensory History also examines functional skills in the area of postural control, praxis, and social-emotional skills.

Standard z-scores have a mean score of 0.0 and a standard deviation of 1.0. Mild difficulties are reflected in standard z-score range of -1.0 to -2.0. Definite difficulties are reflected in standard z-score below -2.0.

Completed November 13, 2019 by XX occasional assistance from her staff mentor, XX

	Raw Score	Z-scores	Interpretation	
*Total Score*	308	-0.28	Typical	
*Sensory Section Subscores*				
Visual-spatial Processing	48	-0.08	Typical	
Auditory and Language Processing	14	1.52	Typical	
Movement (Vestibular Processing)	53	-0.21	Typical	
Taste and Smell	24	-0.78	Typical	
Touch (Tactile Processing)	66	-0.81	Typical	
Proprioception	14	0.54	Typical	

Test Name: Adult/Adolescent Sensory History- Sensory Modulation and Discrimination Subscores

Description: Individuals with sensory modulation problems typically demonstrate sensory defensiveness or over-responsiveness to information. Individuals with sensory discrimination problems typically demonstrate problems in sensory processing areas as well as problems with skilled motor performance.

	Raw Score	Z-scores	Interpretation	
*Modulation*	124	-0.64	Typical	
Visual	31	-0.95	Typical	
Auditory	8	1.42	Typical	
Vestibular	19	-0.64	Typical	
Taste and Smell	15	-1.17	Mild	
Tactile	51	-0.82	Typical	
*Discrimination*	96	0.56	Typical	
Visual	17	0.80	Typical	
Auditory	6	1.25	Typical	
Vestibular	33	0.12	Typical	
Taste and Smell	9	-0.01	Typical	
Tactile	15	-0.51	Typical	
Proprioception	16	0.82	Typical	

Test Name: Adult/Adolescent Sensory History- Functional Problem Subscores

Description: When sensory modulation problems are identified, it can be helpful to further examine the Functional Problem Subscores to determine if there are any discrete problems in functioning.

	Raw Score	Z-scores	Interpretation	
<b>*Sensory Seeking*</b>				
Visual seeking/oculo-motor	18	< -3.50	Definite	
Seeks movement	10	0.04	Typical	
Seek touch	14	-2.89	Definite	
<b>*Sensory Over-Responsivity*</b>				
Discomfort with imposed touch	10	0.47	Typical	
Tactile-related hygiene	7	-0.58	Typical	
Discomfort with water	19	< -3.50	Definite	
Atypical Pain Response	5	0.02	Typical	
Gravitational Insecurity	22	-0.64	Typical	

Test Name: Adult/Adolescent Sensory History- Motor/social Subscores

Description: Difficulties in discrimination skills are believed to result in postural and praxis difficulties. Difficulties in discrimination skills are often found when there are problems in motor coordination/praxis, proprioceptive, and/or vestibular processing which are thought to be related to decreased tactile and/or proprioceptive discrimination skills. Difficulties with praxis and motor planning specifically are thought to be related to decreased tactile and/or proprioceptive discrimination skills.

Difficulties with social/emotional skills are found in many individuals with sensory processing problems. An overall difficulty with social/emotional skills generally reflects a broad problem and may be accompanied by a formal mental health diagnosis, especially anxiety or depression. Problems in any of these areas may also be present without reflecting a clinical mental health problem.

Anxiety is often seen in association with difficulties in sensory modulation, sensory defensiveness, and over-responsiveness to sensory inputs. Problems with being withdrawn/depressed or aggressive/impulsive may be seen in association with sensory discrimination problems. Problems with sensory seeking behaviors may be mistaken for aggression.

	Raw Score	Z-scores	Interpretation	
<b>*Postural Control*</b>	24	-0.18	Typical	
<b>*Motor Coordination*</b>	28	-1.41	Mild	
Motor Planning	21	-3.11	Definite	
Sequencing	7	0.48	Typical	
Oral Motor Planning	10	-0.09	Typical	
Fine motor	18	-3.08	Definite	
Difficulties Driving a Car	Unscorable	NA	Does not drive	
<b>*Social/Emotional*</b>	37	-0.33	Typical	
Withdrawn/depressed	14	0.36	Typical	
Aggressive/impulsive	15	-0.47	Typical	
Anxious	8	-1.17	Mild	

Results from XX's self-report on the Adult/Adolescent Sensory History as well as clinical interactions and observations during the occupational therapy evaluation do not support a diagnosis of sensory processing disorder. However, there are a few notable areas that XX does have some sensory processing difficulties that being aware of can aid in use of the best supports and strategies for XX 's independence and well-being.

XX has difficulty with modulation sensory seeking oculo-motor inputs. She almost always avoids fast carnival rides, roller coasters, and is almost always fearful of heights. She often has difficulty riding in a car if

she is not sitting in a front seat. XX reported she almost always likes jumping a lot. She reported she does not rock her body a lot, but she rocked her body repeatedly for short periods of time throughout the occupational therapy evaluation.

XX has difficulty with sensory seeking input related to touch. She almost always avoids getting her hands messy, being barefoot, and often becomes bothered by her clothing or socks. She almost always dislikes water running on her face while in the shower and almost always tends to examine objects by touching them thoroughly with her hands.

XX reported she sometimes misunderstands the meaning of words in relation to movement or body position like up, down, or behind. She almost always has difficulty following the steps of a recipe when attempting to cook. She does not like participating in sports that have large teams with competition but rather play sports with 1-3 people just for fun.

XX reported she almost always finds small manipulative activities difficult and reported she almost always avoids fine motor activities.

During the occupational therapy evaluation, XX made long periods of eye contact, had little to no facial expressions, and shared enjoyment two times with her staff mentor when talking about her little brother just getting his driver's license. XX answered questions appropriately but at times when she appeared to not understand she did not ask for clarification and would attempt to just answer. At these times the therapist would ask XX if she understood and/or wanted an example, XX would then confirm she needed additional clarification. XX rocked her body several times throughout the 60-minute evaluation and for a short period also tugged on her right ear repeatedly. At one point when questions related to driving came up, XX brought up that she almost got her friends into a car accident. She said she opened the car door because she wanted fresh air despite the car being in motion; when she talked about this, XX curled forward into herself hiding her face. XX also reported she would like to have better success with dating but said she really struggles with having relationships.

**Sensory Findings:** Results from XX's self-report on the Adult/Adolescent Sensory History as well as clinical interactions and observations during the occupational therapy evaluation do not support a diagnosis of sensory processing disorder.

**Sensory recommendations:** Although assessment results do not support XX having a sensory processing disorder she does have some sensory modulation difficulties that she may benefit using a daily sensory diet. Developing her own sensory diet can be used with resources from the Spiral Foundation Website and downloaded to complete to use the SPD Toolkit labeled Adult Sensory Toolkit and Adult Sensory Toolkit-Additional Information ([http://www.thespiralfoundation.org/toolkit\\_adults.html](http://www.thespiralfoundation.org/toolkit_adults.html)). Developing your own sensory diet toolkit forms also will be attached to this report as handouts.

## Sample D Handwriting Evaluation Report

### Test of Handwriting Skills (THS)

The THS is an assessment of manuscript and/or cursive writing. It features writing spontaneously from memory upper letters of the alphabet in order, writing from dictation of the alphabet out of order, writing from dictation numbers out of order, copying letters, words, and sentences. It also features writing from dictation of selected words. The THS assesses the student's ability to integrate visual information with motor skills. The THS booklet that has a picture on each page for each subtest (e.g. airplane, bus, etc.). The THS is primarily used to assess the student's integration ability and can be used to identify problems and monitor progress in handwriting. The THS can help determine if neurosensory integration difficulties are contributing to learning problems students are experiencing.

Subtest	Scaled Score	Percentile Rank	Interpretation
Airplane (upper-case alphabet)	22	1%	Significantly Below Average
Bus (lower-case alphabet)	45	13%	Significantly Below Average
Butterfly (upper-case dictation letters not in order)	33	4%	Significantly Below Average
Frog (lower-case dictation letters not in order)	50	25%	Below Average
Bicycle (numbers not in order)	17	13%	Significantly Below Average
Tree (copying upper-case letters)	17	< 1%	Significantly Below Average
Horse (copying lower-case letters)	20	25%	Below Average
Truck (copying words)	42	25%	Below Average
Book (copying sentences)	49	4%	Significantly Below Average
Lion (dictation of random words)	42	25%	Below Average
Total	61	9%	Significantly Below Average

Ancillary Scores	Raw Score	Interpretation
Letters in 20 seconds	18	Between 50th and 16th percentile: Below Average
Reversals	1	At or below 16th percentile: Significantly Below Average
Touching Letters	1	Between 50th and 16th percentile: Below Average
Case Errors	20	At or below 16th percentile: Significantly Below Average

During the THS-R XX sat upright in child sized chair at child sized table with feet flat on the floor. He used his right hand to write with while he stabilized the paper with his left. XX held the pencil in a radial grasp using his thumb to laterally pinch the pencil and used digits 2-3 to further stabilize the pencil. He often pressed hard onto the paper while writing.

The airplane and bus subtests place the lowest demand on cognitive retrieval because students should recall letter forms automatically when they are in alphabetical order. A poor score on the upper- and lower-case subtests suggest that **XX** struggles to recall the orthographic representation of the letters from long term memory, translate the memories into motor movements, and/or visually confirm the accuracy of the letters as he writes them. When asked to write the alphabet from memory in upper case and lower case, he was observed moving his lips singing the alphabet song to himself. However, he missed many letters and wrote some out of order.

Subtests butterfly and frog place higher cognitive demand because students must recall the letters in random order. A poor score on these subtests suggest that **XX** 's handwriting problem may be primarily cognitive. Another possibility is that anxiety is playing a role in his performance because of a lack of being able to automatically recall letter forms.

Subtest bicycle required **XX** to recall numbers which are written less frequently than letters. The formation errors he made with writing numbers were similar to his formation errors when writing letters, suggesting he has difficulty with the mechanics of writing.

Subtests tree and horse involve copying so **XX** did not have to recall letter forms from long term memory. Often for students' letter forms on these subtests tend to be more accurate due to having a visual model. **XX** performed better copying lower-case letters than upper-case. This performance along with his low scores on both subtests suggests that despite having a model, **XX** may have visual motor integration difficulties.

Subtests truck and book added the dimension of word formation. **XX**'s inconsistencies in letter size and formation with the presence of a visual model, suggest again a visual-motor integration difficulty.

Subtest lion placed the greatest cognitive demand for **XX** because he was asked to produce words from memory, combining handwriting and spelling skills. Spelling is not scored on the TSH-R, but it is noted that the cognitive demands of spelling may interfere with motor control or sensory feedback, contributing to **XX** 's poor letter formation.

Handwriting findings: **XX** exhibits poor visual-motor integration, poor letter form recall, poor pencil grasp, and complains of a sore hand which support **XX** having a an diagnosis of dysgraphia.

Handwriting recommendations: **XX** would benefit from occupational therapy services that help **XX** 's handwriting and visual-fine motor skills. Occupational therapy services may be provided through Logan Regional Hospital Pediatric Rehab (435-716-6440) and/or his school placement. Parents will have assistance finding occupational therapy service providers per parental request.

### **Ideas to increase Internalizing Letter Formation:**

\_ Practice letters on vertical surface like art easel, poster on wall and use large arm movements to make each letter

\_ Practice making letters in a variety of materials, for example make the letter A out of play dough, in the dirt, out of dry pasta, with yarn

### **Using Appropriate Pencil Pressure Activities and Tips (ideas taken from The OT Toolbox website)**

\_ Use stress balls or fidget toys to help strengthen pinch and grip strength

\_ Use carbon paper or transfer paper to help kids become more aware of the amount of pressure they are using, sometimes the Dollar Store will have telephone memo notebooks as a possible material to use for this activity

\_ Do hole puncher activities right before writing task

\_ Write with mechanical pencil, the lead will break if too much pressure is applied. A pencil with .7mm lead s better to start with for heavy writers

\_ Use weighted pencils for sensory feedback, these could be purchased on online but a DIY option could be made with metal nuts and hot glue

\_ A vibrating pen also provides sensory feedback

\_ Wrap a bit of play dough or putty around the pencil as a grip, encourage the child to hold the pencil with a grasp that does not press deeply into the dough

### **Classroom Accommodations for Dysgraphia (ideas taken from Understood for Learning and Attention Issues Website)**

\_ Provide handouts so there is less to copy from the board.

\_ Provide typed copies of classroom notes or lesson outlines to help the student take notes.

- \_ Provide extra time to take notes and copy material.
- \_ Allow the student to use an audio recorder or a laptop in class.
- \_ Provide paper with different-colored or raised lines to help form letters in the right space.
- \_ Provide graph paper (or lined paper to be used sideways) to help line up math problems.
- \_ Provide paper assignments with name, date, title, etc., already filled in.
- \_ Provide information needed to start writing assignments early.
- \_ Provide a rubric and explain how each step is graded.
- \_ Give examples of finished assignments.
- \_ Offer alternatives to written responses, like giving an oral report.
- \_ Adapt test formats to cut down on handwriting. For example, use “circle the answer” or “fill in the blank” questions.
- \_ Grade based on what the student knows, not on handwriting or spelling.
- \_ Use a scribe or speech-to-text so the student can dictate test answers and writing assignments.
- \_ Let the student choose to either print or use cursive for handwritten responses.
- \_ Allow a “proofreader” to look for errors.
- \_ Provide extended time on tests.
- \_ Provide a quiet room for tests if needed

### **Template for Sensory Eval Findings and Recommendations**

**Sensory Findings:** XX has sensory processing disorder specifically sensory modulation and sensory-based motor disorders. Sensory modulation is the capability to sustain engagement despite variability in the intensity of sensations from the body or environment, and contributes to emotional stability, behavior, arousal, activity level, and attention. Sensory based-motor based abilities are connected to postural-ocular control, praxis, and bilateral integration. Praxis enables us to adapt and react to novel environmental demands in a meaningful and efficient manner. It involves cognition, planning, and motor skills. Repetition of successful action encodes the action into a motor engram or 'neural map' in our nervous system. The more engrams available, the more there are to use to build new motor plans easily and effortlessly. Motor planning is related to and depends on the ability to sequence tasks and is largely dependent on the tactile proprioceptive sensory system.

XX has difficulty dressing herself/himself, has difficulty putting items away even after their designated place has been established many times, uses poor posture every time she sits, has poor balance, and has difficulties imitating movements all of which are signs of motor planning difficulties. XX being easily distracted by visual stimuli, having an unusually high threshold for pain, frequent chewing on objects, preferring to touch rather than be touched, and not noticing strong odors others do smell are all examples of sensory modulation difficulties.

**Sensory recommendations:** XX would benefit from occupational therapy services to address X sensory needs. Occupational therapy services may be provided through Logan Regional Hospital Pediatric Rehab (435-716-6440), Primary Children’s Rehab Layton (833-577-3422), Primary Children's Rehab Bountiful (801-397-8700), Occupational Therapy-Life Skills Clinic- Low Vision and Pediatrics Salt Lake City (801-585-6837) and/or his/her school placement. Parents will have assistance finding occupational therapy service providers per parental request. The occupational therapist will help develop a sensory diet with you and your X.

Sensory diets often include:

- a) Proprioceptive (deep pressure) sensory input via joint compressions, heavy work activities
- b) Vestibular (body movement) activities such as spinning, rocking, swinging, crashing, jumping, obstacle courses
- c) Transition strategies from different activities and environments
- d) Adaptive strategies for visual and auditory processing

- e) It is important that there are scheduled opportunities for 'recess' or gross motor activities throughout his school day to support his academic learning. The vestibular sense (being able to tell what direction our body is going), our proprioceptive sense (being able to grade the amount of force we use during activities), and our tactile sense (touch) influence each other and are very powerful to help with being calm and organized. These systems are constantly being used during playground activities.
- f) *The Out of Sync Child Has Fun*, by Carol Stock Kranowitz, is a great resource for additional sensory activity ideas for the home and for the classroom.
- g) XX would benefit from being allowed to use a socially appropriate oral seeking input to help him sustain engagement when doing table top tasks like his homework. Possible strategies can be chewing gum, hard candy, Chew Stixx pencil topper, or a sensory chew necklace that come in a variety of designs, shapes, textures, and level of firmness (e.g. Chewelry, Ark's Krypto-Bite Chewable Gem Necklace, Panny and Mody Shark Tooth Sensory Chew Necklace).

## ADULT SENSORY

**Sensory Findings:** xx self report with occasional assistance from x scored the area of sensation avoiding as more than most people. In other words, x has a lower threshold for certain stimuli and has an active behavioral response like deliberate acts to reduce or prevent exposure to certain stimuli than his peers. Examples provided,

**Sensory Findings:** xs self report with occasional assistance from x scored the area of sensory sensitivity as more than most people. In other words, x has a lower threshold for tolerating certain stimuli and has a passive behavioral response like distractibility, irritability, and or discomfort than his peers. Examples provided,

**Sensory Recommendations:** XX would benefit from incorporating sensory diet strategies into his/her day to day. Part of X daily sensory diet needs to include at least one movement activity, as this will help to support his/her nervous system modulating sensory stimuli. Developing his/her own sensory diet can be used with resources from the Spiral Foundation Website and downloaded to complete to use the SPD Toolkit labeled Adult Sensory Toolkit and Adult Sensory Toolkit-Additional Information ([http://www.thespiralfoundation.org/toolkit\\_adults.html](http://www.thespiralfoundation.org/toolkit_adults.html)). There is also additional reading about sensory processing listed in other resources towards the end of this report.

Some specific strategies for increasing registration include,

- a) going into meetings prepared with questions and an agenda,
- b) asking people to summarize or write down the most important points,
- c) using calendars or phone alerts,
- d) talk to yourself through the steps of a newer or difficult task,
- e) Write something down or talk it through with another person before executing a task.
- f) label drawers or cabinets, place important objects in the same obvious location
- g) use mirrors to check appearance
- h) make visual cues more salient by underlining/highlighting/color
- i) use visual with auditory instructions
- j) Use a visual schedule for daily grooming routine

Some specific strategies for sensation seeking include,

- a) incorporate textures onto items like puffy paint on the edge of containers,
- b) use stress balls to squeeze,
- c) follow a YouTube simple yoga or simple home exercise routine that is at list fifteen minutes long,
- d) vary the order in which you go about your daily routine,
- e) explore new foods or add a new spice to a food,
- f) use weighted blankets or compression clothing