Informal Sensory Preference Assessment for Child Life Specialists

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This assessment was created for use by child life specialists who are seeking to utilize sensory play as a therapeutic modality with their patients. Sensory play activities allow for creativity and exploration of the environment, but they do not require the use of language (expressive or receptive) or symbolic thinking. Therefore, sensory play can be particularly useful as a therapeutic modality for patients with developmental disabilities.

Many children with developmental disabilities suffer from sensory integration dysfunction, or an inability of the brain to efficiently process sensory input. As a result, children within this population frequently seek certain types of sensory input while actively avoiding others. These worksheets provide parent interview and informal assessment tools that a child life specialist can use to determine a child’s sensory preferences.
**Glossary**

*Sensory Integration*: the process by which the brain interprets, organizes, and connects all sensory input (including touch, sight, sound, smell, taste, and movement) for use. Each and every experience requires the body to engage in sensory integration.

*Sensory Integration Dysfunction*: inefficient processing of sensory input from the body and its surrounding environment.

*Sensory Modality*: a system that provides the brain with a specific type of input. The five sensory modalities are defined below.

- **Auditory** – Sound
- **Proprioceptive** – Awareness of the body’s position and movements
- **Tactile** – Touch
- **Vestibular** – Response of receptors in the inner ear to the movement of the head and body
- **Visual** – Sight

*Sensory Play*: activities designed to provide input to at least one sensory modality.
Assessment Resources

The following pages contain a series of worksheets for child life specialists to use while observing a child and gathering information about his or her sensory preferences. Suggested questions for the child’s parents regarding the patient’s sensory preferences are also included. These materials were created using information and checklists from the following resources. All of these books are recommended reading for child life specialists seeking to learn more about sensory integration, sensory integration dysfunction, and the importance of sensory play for children with developmental delays and disabilities.


Initial Observation - Baseline Data

Initial information about a child’s sensory needs and preferences can be gained by observing the child, either in the patient’s room or in the playroom. While observing the child, consider the following questions:

- What is the patient’s affect? ________________________________

- What is the time of day? ________________________________
  - Children who struggle with sensory integration may become upset, overactive, or aggressive after being exposed to high amounts of sensory input. A build-up of sensory input may occur at the end of the day and negatively impact the child’s ability to process new sensory stimuli.

- What was the patient doing prior to the observation?________________
  - Has the patient recently been exposed to a particularly high or low amount of sensory input?
  - Has the patient recently transitioned from one activity to another? Note that transitions may be stressful for children with sensory integration problems.
  - Prior to the observation, were the events in the child’s day predictable or unpredictable? Note that children with sensory integration dysfunction often struggle to deal with unexpected events.

Can you find any connections between the child’s affect and the time of day or prior events? Consider these connections when planning sensory activities for the patient.
Initial Observation – Patient’s Activities

Before offering any new activities to the patient, make note of what the child is already doing. What conclusions can be drawn about the patient’s sensory needs and preferences based on these initial observations?

• What activities (if any) is the patient engaged in?

• Are these activities primarily visual, auditory, or tactile?

Points to consider when answering this question:

Visual activities include those that require hand-eye coordination (writing, coloring, playing catch, stringing beads), those that require visual analysis (mazes, puzzles, I Spy books), and those that require choosing and differentiating between various colors, shapes, and sizes.

Auditory activities include music, singing, toys that use novel sounds, and games with fast-paced verbal commands (such as Simon Says).

Tactile activities include the use of toys or other items with various textures as well as messy play with clay, sand, paint, glue, and other substances.
• If the activities encompass more than one modality, does the child seem drawn to one modality over another?

Points to consider when answering this question:

Are the child’s eyes constantly focused on TV screens or other visual stimuli?

Does the child speak or sing along with auditory stimuli? Does he or she seem to prefer loud volumes and continuous noise or conversation?

Does the child sort through toys, chew on clothing or other items, or rub against walls or fabrics?

• Do the child’s actions match his or her affect? For example, if the child appears happy while engaging in an activity, is he or she able to maintain focus on this activity? Is the child able to organize his or her motor movements in order to extend the experience?

** Note that a child who struggles with attention or motor planning may need additional support and scaffolding in these areas in order to participate meaningfully in sensory play.
• Does the child seek activities that allow him or her to move around? Do you notice any jumping, spinning, or other gross motor activity?

If yes, consider the charts below in order to determine whether the child may have a need for additional proprioceptive or vestibular input. Do the behaviors listed on either chart seem to describe the child?

A child who seeks **proprioceptive** input may engage in:

- Pushing, pulling, or other activities that utilize physical strength
- Active or high-risk play (climbing, jumping on beds, leaping from one piece of furniture to another, banging against furniture or other people)
- Activities that allow him or her to feel “snug” or tightly squeezed

A child who seeks **vestibular** input may engage in:

- Spinning or other activities that change the placement of the head and inner ear (somersaults, hanging upside down)
- Activities involving passive movement, such as being pushed in a wagon, stroller, or wheelchair
- Balancing activities (hopping on one foot, balance beams)
- Opportunities to climb stairs or ride on escalators and elevators
Caregiver Interview

Child life specialists can learn valuable information about a child's sensory preferences by initiating a conversation with the patient's parent, grandparent, or other primary caregiver. Suggested questions are listed below. Choose queries that best suit each individual situation.

- What types of activities does the child enjoy at home?

__________________________________________________________________________________

Note to CLS: Utilize your knowledge of the senses to determine which modalities are prevalent in the child's favorite activities.

- What types of activities does the child NOT enjoy? What does he or she avoid?

__________________________________________________________________________________

How does the child usually react when transitioning from one activity to another?

__________________________________________________________________________________

Note to CLS: Do these answers give you any indications that the child has sensory integration issues? Difficulty with transitions can be a "red flag."

- Does the child prefer to be active, or is he or she drawn to more quiet play?

__________________________________________________________________________________

How does the child react to different types of movement, such as physical work (i.e. raking, shoveling), playground swings, and car rides?

__________________________________________________________________________________

Note to CLS: Do the caregiver's answers give you any clues as to whether or not the child enjoys proprioceptive or vestibular stimulation?
Note to CLS: Use the questions below to gain information about the child’s visual, auditory, and tactile preferences. Remember that the intensity, duration, and location of sensory input all impact the child’s processing of the stimulus. These inquiries can help pinpoint a child’s strengths and weaknesses, and this knowledge is valuable when planning interventions that utilize these modalities.

**Visual**

- How does the child react to bright or flashing lights? How about dim lights?

- How does the child react to crowded, visually “busy” environments?

**Auditory**

- How does the child react to loud, sudden noises? Does the child respond to quiet noises?

- How does the child react to settings with lots of background noise?

**Tactile**

- How does the child react to messy play (such as finger painting)?

- How does the child react to being hugged or touched?

- How does the child react to bathing and hair brushing?
**Brief Sensory Preference Assessment**

If you leave the initial interaction with lingering questions about the child’s sensory preferences, consider conducting a brief preference assessment either in the child’s room or during a quiet moment in the playroom.

First, gather toys or playthings that represent the visual, auditory, and tactile modalities. Choose items that are appropriate for the child’s chronological age as well as his or her developmental functioning, and make sure that each item is representative of only one modality. (For example, do not choose a toy that lights up AND makes noise.)

Visual items include light-up toys, ring stacks, puzzles, and *I Spy* books.

Auditory items include instruments (keyboards, shakers, drums) and toys with sound effects.

Tactile items include modeling clay, vibrating toys, and Koosh® balls.

Select at least one item to represent each of the above modalities. Arrange the items in a circle, and if necessary, demonstrate their usage for the child. Allow the child to choose which item(s) to interact with, and note which items occupy the majority of the child’s time. Research indicates that the item that the child interacts with most over a five minute period is generally a preferred stimulus.

More information about the brief preference assessment can be found in the following article:

Planning a Sensory Play Activity

The information that you gain from the initial observation, caregiver interview, and brief preference assessment can be used as a starting point for planning sensory play interventions. Choosing an intervention that suits the child's preferred modalities is a good place to begin. In addition, consider the child's attention span and motor planning abilities as well as the following questions:

- How does time of day impact the child? How do other types of sensory input impact the child?

Remember that some children have difficulty processing sensory input at the end of the day, while others struggle with transitions or when they have recently been exposed to high amounts of sensory input. Time your intervention accordingly.

- Does the intensity of the sensory input provided by your intervention match the intensity of the sensory input provided by the child's preferred stimuli?

The intensity of sensory input greatly impacts the way in which a child processes the stimulus. Therefore, make sure that the brightness and busy-ness of visual input, the volume of auditory input, and the strength of tactile input are consistent with the child's preferences.

- Does the location of the sensory input provided by your intervention match the location of the sensory input provided by the child's preferred stimuli?

Children may respond differently to tactile stimulation on various parts of their bodies. In addition, some children are better able to process sensory stimuli if they can see the source of the input. Think about these factors when planning your intervention.