

# INFANT/TODDLER SENSORY PROFILE™

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## Summary Score Sheet

Child's Name: \_\_\_\_\_ Gender:  Male  Female

Questionnaire Completed by: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Service Provider's Name: \_\_\_\_\_

Discipline: \_\_\_\_\_

YEAR MONTH DAY

Date Tested			
Date of Birth			
Chronological Age			

### The child receives the following service(s)

- |  |   |
|--|---|
| <input type="checkbox"/> Early Intervention/Preschool Services | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Occupational Therapy                  | <input type="checkbox"/> Speech Therapy   |
| <input type="checkbox"/> Other (please specify) _____          |   |

### Child's condition(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Mental retardation                                       | <input type="checkbox"/> Cerebral Palsy   |
| <input type="checkbox"/> Down Syndrome  | <input type="checkbox"/> Fragile X  |
| <input type="checkbox"/> Speech or Language Impairment                            | <input type="checkbox"/> Reflux   |
| <input type="checkbox"/> Autism/Pervasive Developmental Disorder (PDD)            | <input type="checkbox"/> Multiple disabilities                                    |
| <input type="checkbox"/> Developmental Delay                                      | <input type="checkbox"/> Traumatic brain injury                                   |
| <input type="checkbox"/> Emotional disturbance or serious behavioral difficulties | <input type="checkbox"/> Other neurological disorder                              |
| <input type="checkbox"/> Attention disorder (ADD, ADHD)                           | <input type="checkbox"/> Other health conditions (e.g., cardiac disorder, asthma) |
| <input type="checkbox"/> Visual impairment/Blindness                              | <input type="checkbox"/> Regulatory disorder                                      |
| <input type="checkbox"/> Hearing impairment/Deafness                              | <input type="checkbox"/> Other (please specify): _____                            |

### Referral concerns and other comments

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# Birth to 6 Months Summary Score Sheet

## Quadrant Grid

**Instructions:** Transfer from the Caregiver Questionnaire (Birth to 6 months) the item raw score that corresponds with each item listed. Add the Raw Score column to get the Quadrant Raw Score Total for each quadrant.

— QUADRANT 1	S QUADRANT 2	G QUADRANT 3	QUADRANT 4
<b>Low Registration</b>	<b>Sensation Seeking</b>	<b>Sensory Sensitivity</b>	<b>Sensation Avoiding</b>
Item	Item	Item	Item
Raw Score	Raw Score	Raw Score	Raw Score
2	1	4	22
3	11	5	24
7	16	6	26
8	17	13	28
9	30	14	35
10	32	19	
12		21	Quadrant Raw Score Total
15	Quadrant Raw Score Total	25	
18		27	
20		33	
23		34	
29		36	
31		Quadrant Raw Score Total	
Quadrant Raw Score Total			

ICON KEY	
—	Low Registration
S	Sensation Seeking
G	Sensory Sensitivity
	Sensation Avoiding

## Low Threshold (combined quadrant score)

**Instructions:** Add Sensory Sensitivity and Sensation Avoiding Quadrant Raw Score Totals to get the Low Threshold Raw Score Total

Low Threshold Raw Score Total	<input type="text"/> + <input type="text"/> = <input type="text"/>
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## Quadrant Summary

**Instructions:** Transfer the Quadrant Raw Score Totals from the Birth to 6 months Quadrant Grid to the corresponding Quadrant Raw Score Total box for the appropriate ages. Plot these totals by marking an X in the appropriate classification column (Typical Performance, Consult and Follow-up)\*.

Quadrant	Quadrant Raw Score Total	← Less Than Others	Typical Performance	→ More Than Others
		Consult and Follow-up		Consult and Follow-up
1. Low Registration (Birth–3 months)	/65	65 ----- 49	48 ----- 39	38 ----- 13
1. Low Registration (4–6 months)	/65	65 ----- 52	51 ----- 42	41 ----- 13
2. Sensation Seeking (Birth–6 months)	/30	30 ----- 16	15 ----- 7	6
3. Sensory Sensitivity (Birth–6 months)	/60	60 ----- 58	57 ----- 45	44 ----- 12
4. Sensation Avoiding (Birth–6 months)	/25	**	25 ----- 19	18 ----- 5
<b>Low Threshold Raw Score Total</b> <small>Note: This score is only relevant when both Quadrants 3 and 4 are outside the Typical Performance range.</small>				
Low Threshold (Birth–6 months)	/85	85 ----- 82	81 ----- 64	63 ----- 17

\*Classifications are based on the performance of children without disabilities (n = 100).

\*\*There can be no Consult and Follow-up score for this quadrant in this age range.

# 7 to 36 Months Summary Score Sheet

## Quadrant Grid

**Instructions:** Transfer from the Caregiver Questionnaire (7 to 36 months) the item raw score that corresponds with each item listed. Add the Raw Score column to get the Quadrant Raw Score Total for each quadrant.

— QUADRANT 1		S Sensation Seeking		G Sensory Sensitivity		QUADRANT 4	
Low Registration		Sensation Seeking		Sensory Sensitivity		Sensation Avoiding	
Item	Raw Score	Item	Raw Score	Item	Raw Score	Item	Raw Score
4		6		1		2	
5		12		8		3	
7		14		9		11	
10		15		22		17	
13		19		24		21	
16		20		26		23	
18		31		28		25	
33		32		29		27	
36		34		30		40	
44		35		39		45	
47		37		41		46	
Quadrant Raw Score Total		38		Quadrant Raw Score Total		48	
		42				Quadrant Raw Score Total	
		43					
		Quadrant Raw Score Total					

ICON KEY	
—	Low Registration
S	Sensation Seeking
G	Sensory Sensitivity
	Sensation Avoiding

### Low Threshold (combined quadrant score)

**Instructions:** Add Sensory Sensitivity and Sensation Avoiding Quadrant Raw Score Totals to get the Low Threshold Raw Score Total

Low Threshold Raw Score Total	+		=	
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### Quadrant Summary

**Instructions:** Transfer the Quadrant Raw Score Totals from the 7 to 36 months Quadrant Grid to the corresponding Quadrant Raw Score Total box for the appropriate ages. Plot these totals by marking an X in the appropriate classification column (Typical Performance, Probable Difference, Definite Difference)\*.

Quadrant	Quadrant Raw Score Total	← Less Than Others		Typical Performance	→ More Than Others	
		Definite Difference	Probable Difference		Probable Difference	Definite Difference
1. Low Registration (7-36 months)	/55	**	55	54 ----- 46	45 ----- 43	42 ----- 11
2. Sensation Seeking (7-12 months)	/70	70 ----- 44	43 ----- 36	35 ----- 19	18 ----- 14	**
2. Sensation Seeking (13-18 months)	/70	70 ----- 46	45 ----- 38	37 ----- 20	19 ----- 14	**
2. Sensation Seeking (19-24 months)	/70	70 ----- 50	49 ----- 42	41 ----- 25	24 ----- 16	15 ----- 14
2. Sensation Seeking (25-30 months)	/70	70 ----- 50	49 ----- 43	42 ----- 27	26 ----- 19	18 ----- 14
2. Sensation Seeking (31-36 months)	/70	70 ----- 59	58 ----- 49	48 ----- 28	27 ----- 18	17 ----- 14
3. Sensory Sensitivity (7-36 months)	/55	**	55 ----- 53	52 ----- 41	40 ----- 36	35 ----- 11
4. Sensation Avoiding (7-36 months)	/60	**	60 ----- 57	56 ----- 45	44 ----- 39	38 ----- 12
<b>Low Threshold</b>	<b>Raw Score Total</b>	<small>Note: This score is only relevant when both Quadrants 3 and 4 are outside the Typical Performance range.</small>				
Low Threshold (7-36 months)	/115	**	115 ----- 108	107 ----- 87	86 ----- 77	76 ----- 23

\*Classifications are based on the performance of children without disabilities (n = 489).

\*\*There can be no Definite Difference for this section in this age range.

## Sensory Processing Section Summary (7 to 36 Months)

**Instructions:** Transfer the Section Raw Score Totals from the 7 to 36 months Caregiver Questionnaire to the corresponding Section Raw Score Total box for the appropriate ages. Plot these totals by marking an X in the appropriate classification column (Typical Performance, Probable Difference, Definite Difference)\*.

Sensory Processing Section	Section Raw Score Total	Less Than Others ←		Typical Performance	→ More Than Others	
		Definite Difference	Probable Difference		Probable Difference	Definite Difference
A. General Processing	No section raw score total is calculated for the General Processing Section.					
B. Auditory Processing (7–36 months)	/50	50 ----- 48	47 ----- 44	43 ----- 35	34 ----- 31	30 ----- 10
C. Visual Processing (7–36 months)	/35	35 ----- 32	31 ----- 28	27 ----- 20	19 ----- 16	15 ----- 7
D. Tactile Processing (7–24 months)	/75	75 ----- 68	67 ----- 62	61 ----- 48	47 ----- 42	41 ----- 15
D. Tactile Processing (25–36 months)	/75	75 ----- 72	71 ----- 65	64 ----- 51	50 ----- 44	43 ----- 15
E. Vestibular Processing (7–36 months)	/30	30 ----- 27	26 ----- 24	23 ----- 18	17 ----- 15	14 ----- 6
F. Oral Sensory Processing (7–12 months)	/35	35 ----- 33	32 ----- 30	29 ----- 21	20 ----- 17	16 ----- 7
F. Oral Sensory Processing (13–18 months)	/35	**	35 ----- 32	31 ----- 23	22 ----- 19	18 ----- 7
F. Oral Sensory Processing (19–24 months)	/35	**	35 ----- 33	32 ----- 24	23 ----- 20	19 ----- 7
F. Oral Sensory Processing (25–30 months)	/35	**	35 ----- 33	32 ----- 25	24 ----- 22	21 ----- 7
F. Oral Sensory Processing (31–36 months)	/35	**	35 ----- 34	33 ----- 25	24 ----- 21	20 ----- 7

\*Classifications are based on the performance of children without disabilities ( $n = 489$ )

\*\*There can be no Definite Difference for this section in this age range.

**Note:** Reproducible Growth Curves for Children 7 to 36 months, for Sensation Seeking, Tactile Processing, and Oral Sensory Processing, are available in Appendix A of the *Infant/Toddler Sensory Profile User's Manual*.

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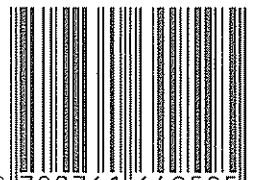
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