

# Center for Family Development

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## Sensory Integration Screening Questionnaire

| Count the number of YES responses the following items, Does your child:   | NO | YES |
|---|----|-----|
| <b>TACTILE SENSATION</b>  |    |     |
| Object to being touched?  |    |     |
| Dislike being cuddled?  |    |     |
| Seem irritable when held?   |    |     |
| Prefer to touch rather than be touched?                                   |    |     |
| React negatively to the feel of new clothes?                              |    |     |
| Dislike having hair and/or face washed?                                   |    |     |
| Avoid certain texture of food?  |    |     |
| Isolate self from other children?   |    |     |
| Frequently bump and push other children? (By accident, not intentionally) |    |     |
| <b>AUDITORY SENSATION</b>   |    |     |
| Seem overly sensitive to sound?   |    |     |
| Miss some sounds?   |    |     |
| Seem confused about the direction of sounds?                              |    |     |
| Like to make loud noises?   |    |     |
| Have a diagnosed hearing loss?  |    |     |

| Count the number of YES responses the following items, Does your child:  | NO | YES |
|--|----|-----|
| <b>OLFACTORY SENSATION</b>   |    |     |
| Explore the environment with smell?                                      |    |     |
| Discriminate odors?  |    |     |
| React defensively to smells?   |    |     |
| Ignore noxious odors?  |    |     |
| <b>VISUAL SENSATION</b>  |    |     |
| Have a diagnosed visual defect?  |    |     |
| Have difficulty eye tracking?  |    |     |
| Make reversals when copying?   |    |     |
| Have difficulty discriminating colors, shapes?                           |    |     |
| Appear sensitive to light?   |    |     |
| Resist having vision occluded?   |    |     |
| Become excited when confronted with a variety of visual stimuli?         |    |     |
| <b>GUSTATORY SENSATION</b>   |    |     |
| Act as though all food tastes the same?                                  |    |     |
| Explore by tasting?  |    |     |
| Dislike foods of a certain texture?                                      |    |     |
| <b>VESTIBULAR SENSATION</b>  |    |     |
| Dislike being tossed in the air?   |    |     |
| Seemed fearful in space (going up and down stairs, riding see-saw, etc)? |    |     |
| Appear clumsy, often bumping into things and/or falling down?            |    |     |
| Prefer fast-moving, spinning rides?                                      |    |     |
| Avoid balance activities?  |    |     |
| Count the number of YES answers to the following questions               |    |     |
| <b>MUSCLE TONE</b>   |    |     |
| Seem stronger than normal?   |    |     |
| Frequently grasp objects too tightly?                                    |    |     |
| Count the number of YES responses the following items, Does your child:  | NO | YES |

| Count the number of YES responses the following items, Does your child:   | NO | YES |
|---|----|-----|
| Have a weak to grasp?   |    |     |
| Tire easily?  |    |     |
| <b>COORDINATION</b>   |    |     |
| Seem accident prone?  |    |     |
| Eat in a sloppy manner?   |    |     |
| Have difficulty with pencil activities?   |    |     |
| Have difficulty dressing and/or fastening clothes?  |    |     |
| Does not have a consistent hand dominance?  |    |     |
| Neglect one side of the body, or seem unaware of it?  |    |     |
| <b>REFLEX INTEGRATION AND DEVELOPMENT</b>   |    |     |
| Was the child's slow to reach the usual developmental milestones?   |    |     |
| Was a child irritable in infancy, particularly when held?   |    |     |
| Does the child have difficulty isolating head movements?  |    |     |
| Does the child lack adequate protective reactions when falling?   |    |     |
| <p><b>If your child has five or more YES responses (in the appropriate section, then your child may have a sensory-integration disorder. You should have your child evaluated by an Occupational Therapist who is certified in Sensory Integration.</b></p> |    |     |